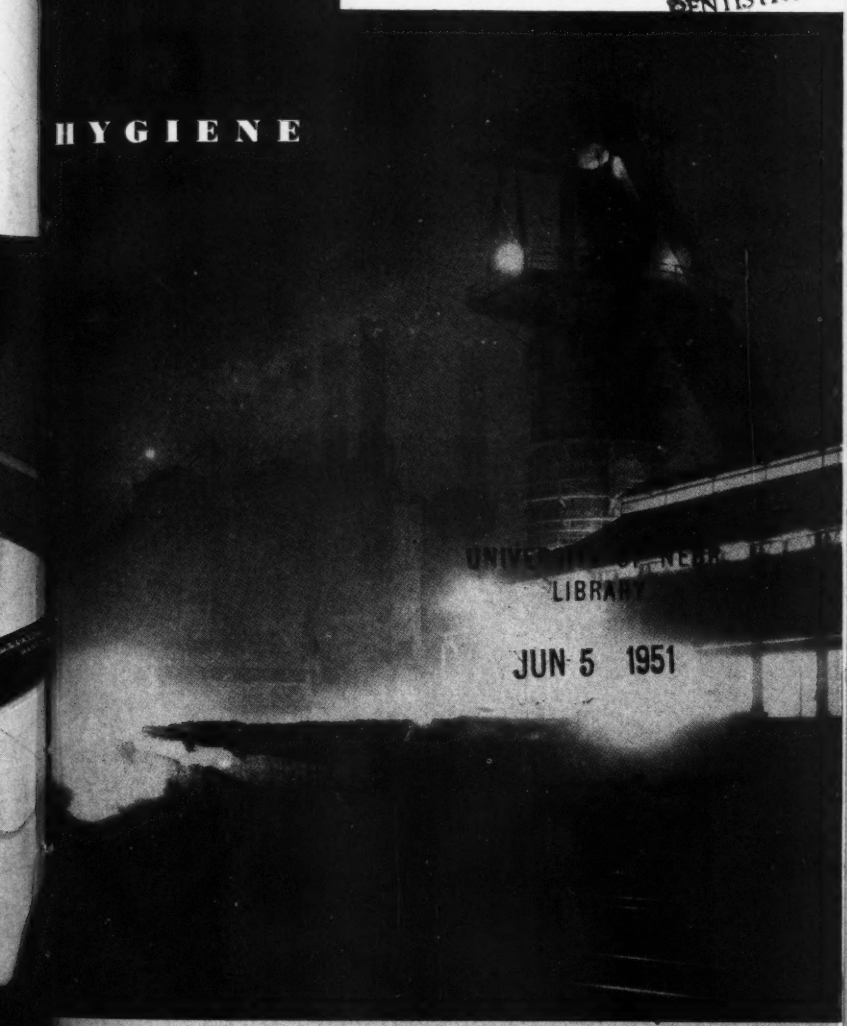
MARCH 1951

In This Issue:

BROKEN APPOINTMENTS —IN REVERSE

DENTISTRY

HYGIENE



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The Publisher's CORNER

By Mass

No. 356

No Wonder Rome Fell

Our son John and I get into some of the weirdest discussions. If you happened to be eavesdropping, you might be seized with the impulse to send for the lads in the white coats. Some time ago, for example, we got deeply concerned about the ancient Romans. For why? Here's why. We were worried—and still are—about how the Romans managed their mathematics. Think it over a minute and you'll worry, too. How did the Romans add and subtract and divide Roman numerals? Answer that one, cousin. *We* can't. And we couldn't find the answer in the big dictionary or in the encyclopedia. It may be in both; maybe we looked on the wrong pages. Anyway, we *still* don't know the answer and will be eternally grateful to anyone who furnishes it—if anyone can.

Roman numerals were (and still are) all very well for numbering things. Incidentally, Hollywood makes adroit use of Roman numerals. Some of the studios use them in copyright notices. It takes fast looking to check the copyright date on a

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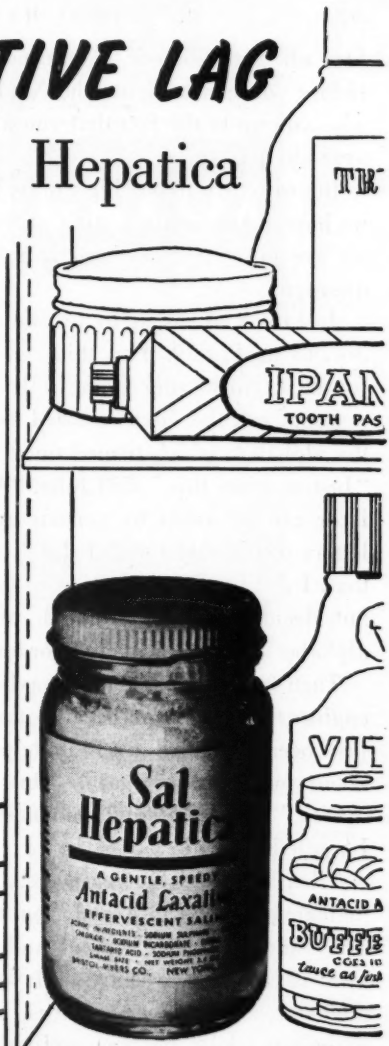

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film when an old one is screened. It has flashed out of sight before you can compute the X's and C's and L's which would wise you up to the fact that you are looking at a three- or four-year-old job.

But to return to our big worry. If you don't know the answer, we hope that you are getting worried, too. John and I hope that we are not the only ones to be filled with anxiety over this question.

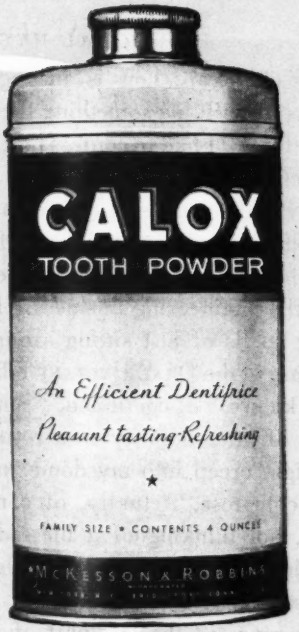
Just think of having to use Roman numerals even to add, say, 36,745 to 47,899. *You* think of it. John and I are trying to forget it. No wonder Rome fell.

Somehow, the discussion led us to do some meditating about the alphabet, which turned out to be a more soothing subject. "Just consider this," said John. "All the knowledge in the world is or can be stated by various arrangements of the twenty-six letters of the alphabet." I didn't give him any argument about that. I did have some notion of twitting him about his spelling but decided not to, although his pronunciamento about the alphabet gave me a made-to-order opportunity.

Then for some reason, or maybe no reason, the talk turned to engineering—perhaps because the Pennsylvania Turnpike had just been extended to Philadelphia. That started us talking about mathematics again. "But engineering isn't all mathematics," John suddenly announced. "How do you figure that?" I wanted to know.

"Really successful engineers, of course, have to be good at mathematics," he answered, "but they have to be dreamers, too. They have to mope around and meditate and get themselves sunk in revery. They have to daydream and cogitate and button themselves up in deep silences. To do some of the really big, gargantuan jobs, big-time engineers must have imaginations as lively as some of the big-time novelists have. Otherwise, answer

114 brushings from every 4 oz. can



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me this one, Pap: how is an engineer going to go about the business of building something the like of which has never been built before?" I had to confess that I didn't know. Then I thought of something.

"Maybe the same sort of dreaming, the same habit of letting your imagination run wild and free as a colt in the spring, would be sound policy for the rest of us, even though we're not in the engineering business," I ventured. The very thought of long spells of just sitting around with glazed peepers, here on the job in the ORAL HYGIENE office, was downright appealing. "Who knows," I continued, "but that I might dream up a project of utter nobility as a result of some great big thought that might creep into my dome while I was lolling about, virtually comatose. Actually, of course, I might be just resting myself, not thinking of a blessed thing. But people wouldn't *know* that. I could be thinking big thoughts—so far as anyone could see."

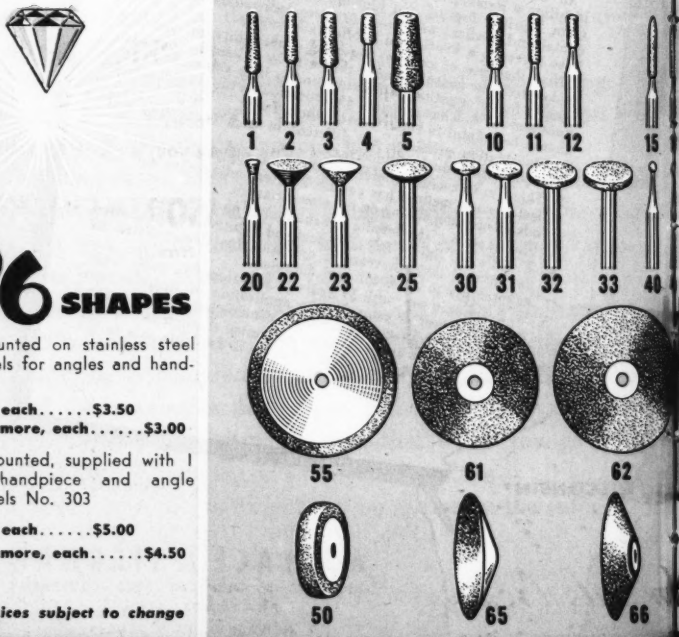
John repeated the last part of what I had been saying. "So far as anyone could see," he said softly, almost like an echo fading away. "So far as anyone could see."

Then he paused, then continued: "Yes, so far as anyone could see, you could be thinking king-sized thoughts. To the casual observer you might look like a dreamboat toting a cargo of priceless plunder. You might have people marveling at you—waiting with bated breath for you to reveal what you had doped out while looking dopey. And that, Father dear, is the perilous part of trying to make like a daydreaming engineer. The perilous part of this routine is that if you just use it to rest yourself, people will find out only too soon that when you go into a silence like this, nothing much comes out."

It appeared to be an excellent time to change the subject.

S.S.WHITE Diamond

PRECISION BUI



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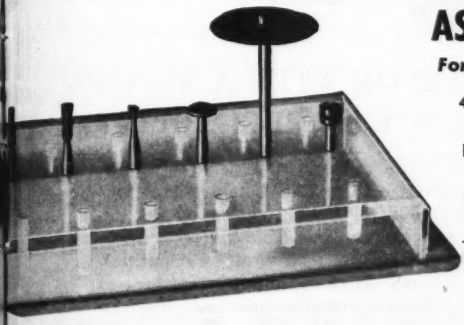

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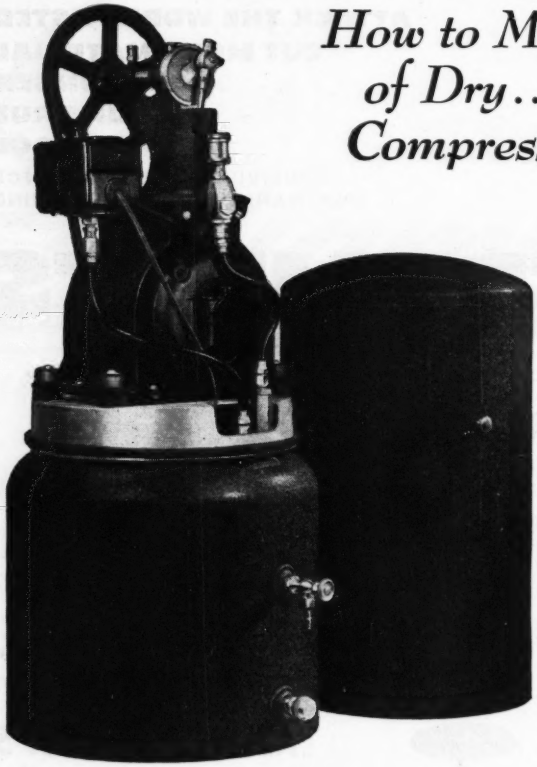

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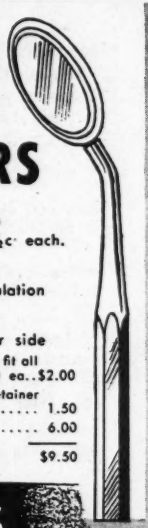

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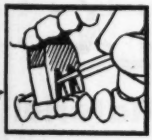

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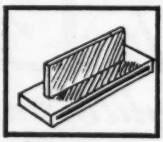

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aid them in meeting their accelerated needs

Under the normal physiologic stress inherent in the greatly accelerated growth of the adolescent, teen-agers may require more vitamin C per kilogram of body weight than either younger children or adults for tissue saturation.[10] Adequate daily citrus juice (4-8 oz. for older children,[3,4] doubled in cases of gingivitis[2]) not only helps to maintain the oral tissues and structures in a healthy state,[1,7,9] but also apparently in many instances exerts a favorable influence on gingivitis and caries, as well as on general body weight.[2] Fortunately, most children like the taste of Florida oranges. At the end of a meal, citrus juice seems to reduce oral bacterial flora.[5] Also, when chewed, citrus fruits are mechanically and chemically cleansing.[6,8]

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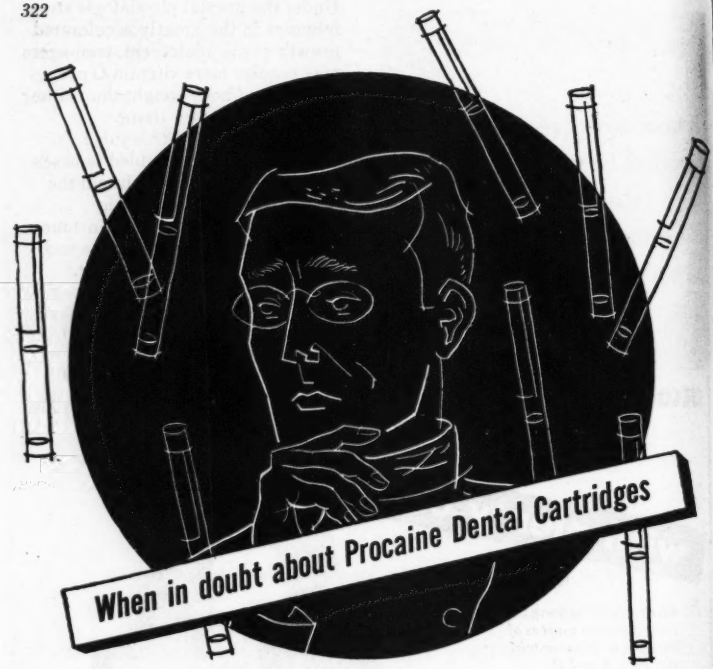
Citrus fruits—among the richest known sources of Vitamin C—also contain vitamins A and B, readily assimilable natural fruit sugars, and other factors, such as iron, calcium, citrates and citric acid.

References

1. Armstrong, W. D.: J. Dent. Research, 27:376, 1948. 2. Hanke, M. T.: Diet and Dental Health, Chicago Univ. Press, 1933. 3. Howe, P. R., et al.: J. Am. Dent. A., 28:1089, 1941. 4. Joslin, C. L., and Bradley, J. E.: Personal Communication. 5. Mead, S. V.: Proc. 52nd Ann. Meeting Fla. State Horticultural Soc., 1939. 6. Ibid.: Am. J. Orthodontics & Oral Surg., 26:968, 1940. 7. Quart. Rev. Pediat., 4:170,319, 1949. 8. Roworth, R. H.: J. Dentistry Child., 13:73, 1946. 9. Stearns, G.: J. Dent. Research, 27:397, 1948. 10. Storvick, C. A., et al.: J. Nutrition, 33:529, 1947.

FLORIDA

Oranges • Grapefruit • Tangerines



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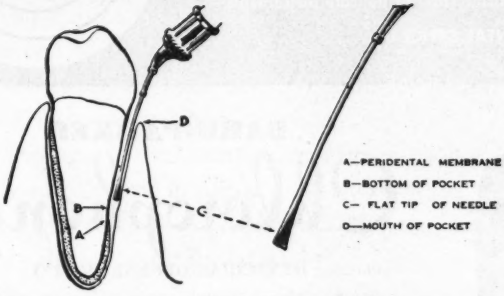

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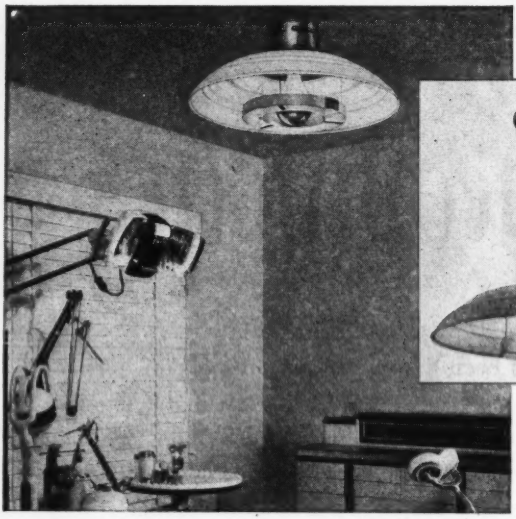

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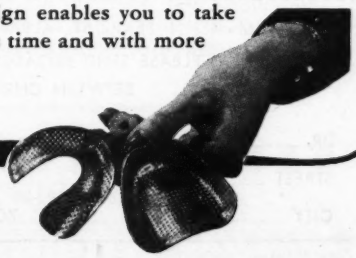

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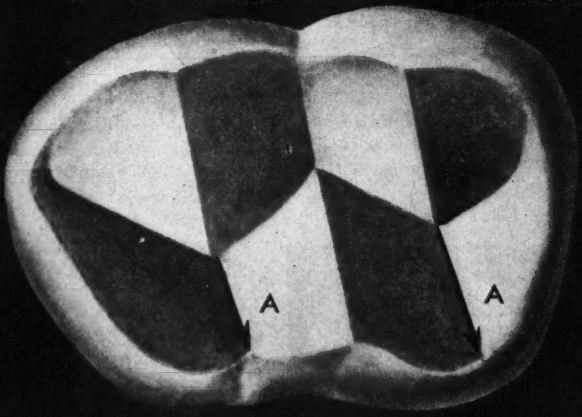

NOTE *Note grooves A A in above upper first molar. Lower buccal cusps slide smoothly along these directional arrows with no mechanical interference.*

myerson's

flx*

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Posteriors

● Note sharp cusp ridges; surfaces that meet at cusp ridges are flat and smooth.

Between lingual cusp ridges, instead of natural sulci there are two grooves directed inward and anteriorly following natural movement of lower jaw. Buccal cusps of lower molar slide along these grooves without mechanical interference. This unusual formation operates to keep cusp ridges sharp and prevent dimensional loss of teeth.

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Send for booklet on scientific testing of plastic teeth.

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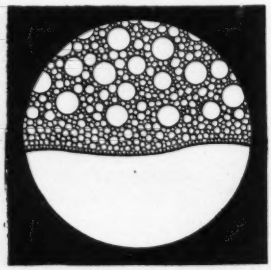

To this end, forty-four size-grades of silica were tested, first separately and then in different combinations, at varying temperatures. 3,543 individual experiments were conducted over a period of sixteen months. With the information thus gleaned, the researchers developed an entire processing technique, and subjected the whole to practical testing in the dental laboratory.

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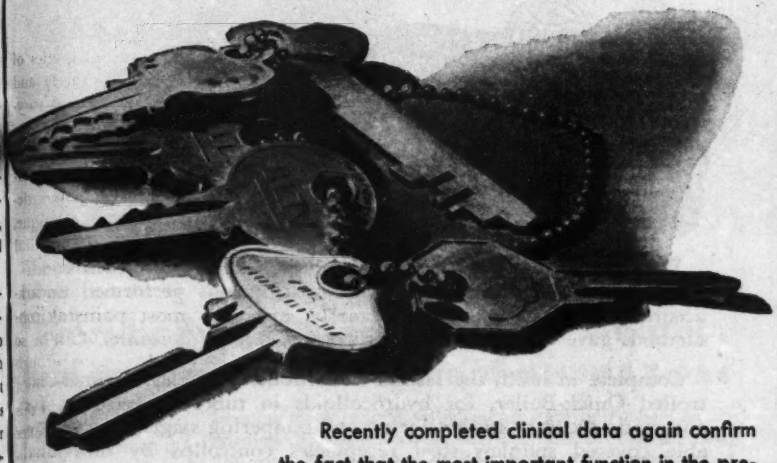
The real *Key* to the problem of tooth decay



Recently completed clinical data again confirm the fact that the most important function in the prevention of tooth decay is regular cleansing of the teeth after eating plus regular biannual visits to the dentist.* In order to get your patients to cooperate with this most important function, it is necessary to have them use a tooth paste to their liking; one that tastes good, cleans efficiently and leaves the mouth feeling cool and refreshed. Kolynos Tooth Paste meets these specifications to the letter. When you recommend Kolynos Tooth Paste to your patients, you may be assured that you will invite their cooperation in the consistent and regular function of brushing their teeth after eating and will thus help to prevent tooth decay. For years Kolynos has been the choice of many discriminating dentists throughout the world. Won't you make it your choice too?

* Fosdick, L. S., The Reduction of the Incidence of Dental Caries. I. Immediate Tooth Brushing with a Neutral Dentifrice, J.A.D.A. Vol. 40, No. 2, February 1950.

Kolynos TOOTH PASTE

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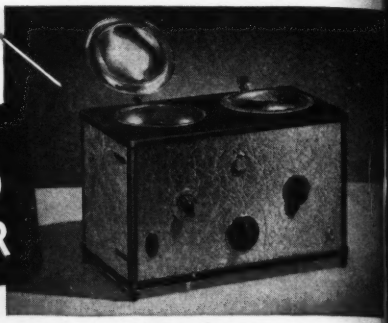
HYDROCOLLOID CONDITIONED *Automatically*

HANAU

HYDROCOLLOID CONDITIONER



With the Hanau Electric Hydrocolloid Conditioner, each conditioning stage — boiling, storing, tempering — is performed under accurate, automatic control. Formerly, even the most painstaking methods gave no assurance of uniformly successful results.

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Thus, with this compact unit you not only prepare your requirements in a matter of minutes, but also you have properly conditioned hydrocolloid available for immediate use all day long.

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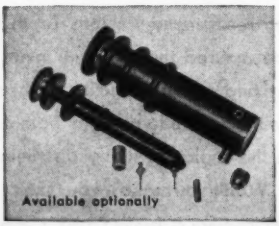

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Moulded rubber covering permits immediate handling after removal from conditioning unit without discomfort to hands or patient, and insulates against temperature change of the hydrocolloid in the syringe. An air valve in the plunger releases trapped air before material is expelled, and prevents the plunger from "popping out" during boiling.

Two sizes meet every need: LARGE — for filling impression trays. SMALL — for applying material to prepared teeth.

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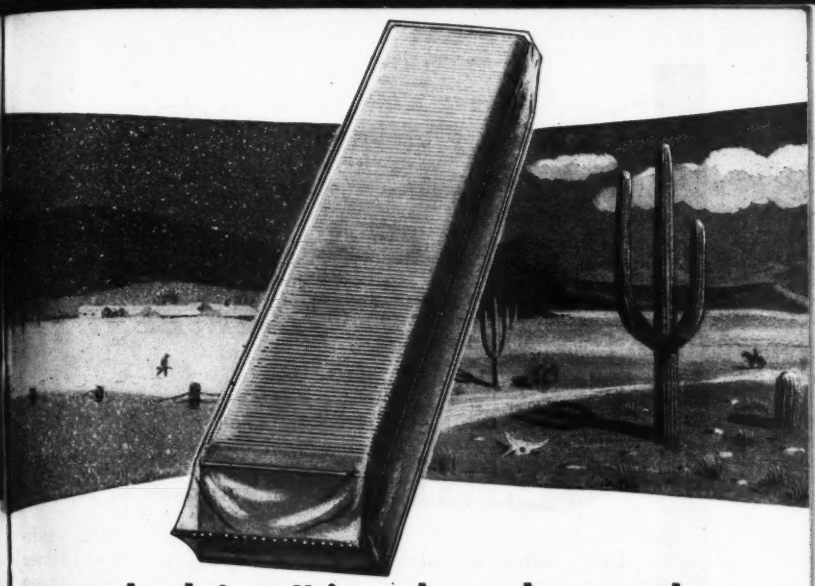

Everybody's talking about the weather and the new weather-proof MINIMAX-PAK

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because many long-standing records are being broken according to weather bureau reports...and because the new, "Minimax-Pak" locks out the extremes of moisture and dryness that creep into film packs and affect their usefulness. What's more, these trouble-free packets *keep in* the desirable film properties. That's *assured* by the fact that ALL Minimax X-ray Films are packaged in convenient boxboard trays and seal-welded in polyethylene envelopes.

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Our new 12-oz. package contains
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Sells as follows:

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Single Ounce	$ 2.40	$ 2.5
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Just Make This Simple Test:

1 ... light up a PHILIP MORRIS

Take a puff—DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. Easy, isn't it? AND NOW...

2 ... light up your present brand

DON'T INHALE. Just take a puff and s-l-o-w-l-y let the smoke come through your nose. Notice that bite, that sting? Quite a difference from PHILIP MORRIS!

YES, your own *personal experience* confirms the results of the clinical and laboratory tests.* With proof so conclusive, would it not be good practice to suggest PHILIP MORRIS to your patients who smoke?

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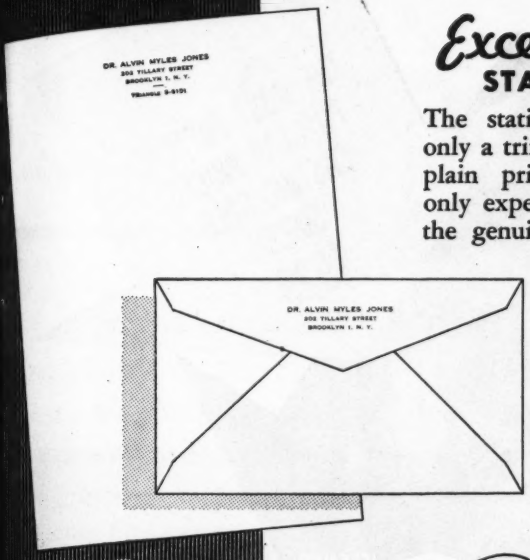
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245; *N. Y. State Journ. Med., Vol.* 35, 6-1-35, *No.* 11, 590-592; *Laryngoscope, Feb.* 1935, *Vol. XLV, No.* 2, 149-154; *Laryngoscope, Jan.* 1937, *Vol. XLVII, No.* 1, 58-60



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VOL. 41, NO. 3

Oral HYGIENE

MARCH 1951

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Circulation more than 74,000 copies monthly

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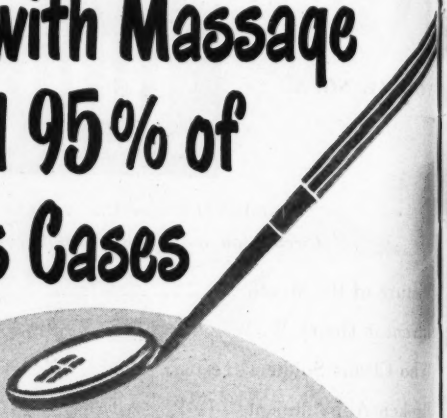
Clinical findings the profession will welcome

Forhan's with Massage Benefited 95% of Gingivitis Cases



Who knows better than you, doctor, that more teeth are lost from neglected gums than tooth decay. Therefore, you will be especially interested in these clinical findings by a group of impartial practicing dentists. 1,048 patients were given individual examinations. 795 were Gingivitis cases. 564 were first given prophylaxis. All were instructed to brush teeth and massage gums with Forhan's toothpaste.

After 30 days, 95% of the Gingivitis cases showed tremendous improvement. 100% of those with normal healthy gums had maintained them so.

These, doctor, are attested facts. May we count on your continued acceptance and recommendation of Forhan's with massage as a beneficial home supplement to your skilled professional treatment in Gingivitis.

'Double-purpose'

FOR CLEANER TEETH AND GUM MASSAGE

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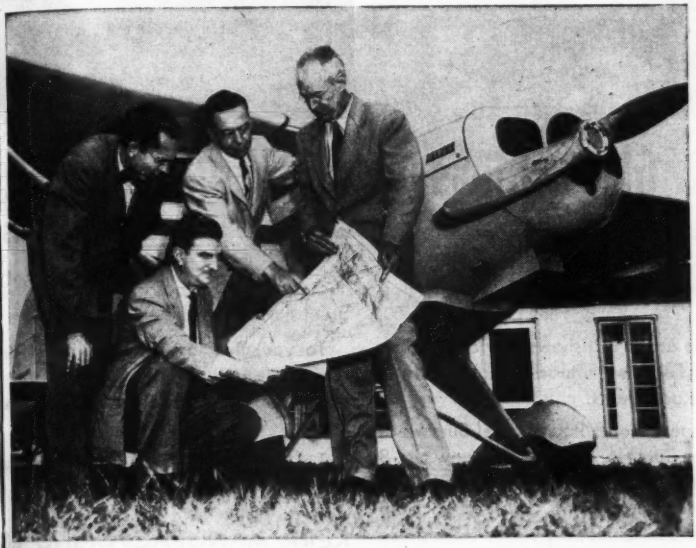
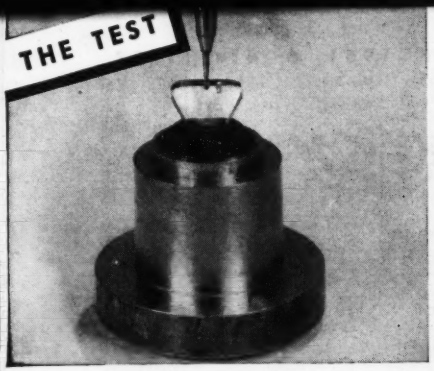
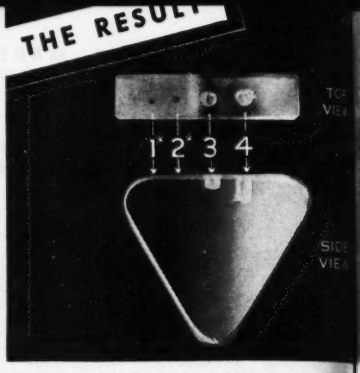
Picture of the Month



FOUR OF Richmond's "flying doctors," Joseph V. Turner, Jr., D.D.S.; Elmer Robertson, M.D.; Robert I. Miles, D.D.S.; and Franklin A. Tyler, D.D.S.; (left to right) are shown here checking a route map. Almost as much at home in the air as on the ground, these air-minded professional men fly to medical and dental meetings in Atlantic City, Miami, and Boston, and to other cities for consultations. The "doctors" also fly to their cottage on the Rappahannock River or to Roanoke Island for fishing.—*Photograph by The Richmond, Virginia, News Leader.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*





Flint Glass shows you the actual difference

between STEEL *and* TUNGSTEN CARBIDE BURS

● Knoop Hardness of tooth enamel is 267 to 271 . . . For Flint Glass, it is 270.

Photo at top left shows how actual tests on Flint Glass were made. Photos at right show exact results.

Two new No. 8 Round *Steel* Burs were used for Cuts No. 1 and 2. Two new No. 8 Round *Kerr Carbex Tungsten Carbide Burs* were used for Cuts No. 3 and 4. Each cut was for six minutes . . . with Handpiece pressure at two pounds.

Cuts No. 1 and 3 were at 3,500 RPM . . . Cuts 2 and 4, at 6,000 RPM.

Cuts 1 and 2 were so shallow that they were visible in the top photo, but not in side view. A slightly deeper mark was made at 6,000 RPM than at 3,500 RPM.

Extent of Cuts 3 and 4 are obvious . . . So also is the vast difference in cutting at 6,000 RPM over 3,500 RPM.

Such is the actual difference betwee Steel Burs and Tungsten Carbide Burs.

To you, this faster cutting means le cavity preparation time. And faster c ting means cooler cutting . . . with le pain to your patients.

Try Kerr Carbex Tungsten Carbide Bu at once. Phone your dealer today.

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You'll Never Use Another Bur If You Your Tungsten Carbide Burs THIS WA

Have Handpiece operating at full speed be Bur touches tooth (5,000 to 6,000 RPMs rec mended). Keep it operating as long as Bur i contact with tooth. Use very light pressure. Hea pressure slows Bur, reduces cutting efficien Never use Bur as a pry or lever. For opening or cutting into fissures, use Fissure Burs. Round and l verted Cone Burs are recommended for excavating

KERR TUNGSTEN CARBIDE

Carbex Burs

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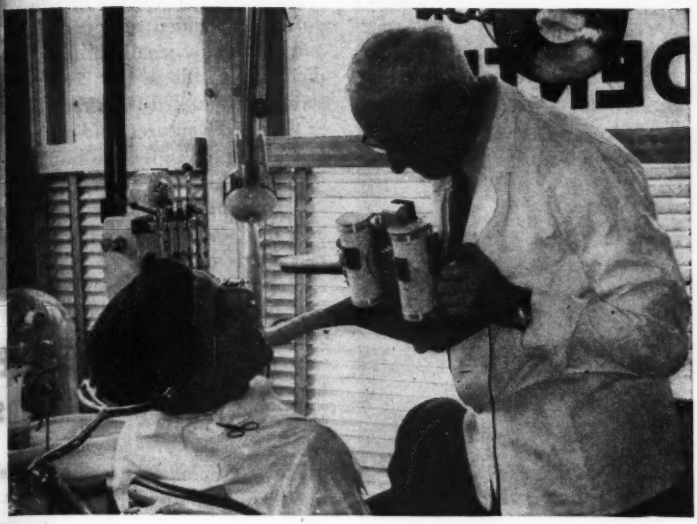


Doctor Walden in his office using an early model of his Clinical Photography Unit.

INVENTOR...
Henry W. Walden. D.D.S.

Many professions are indebted to this dentist-engineer for his innumerable contributions.

BY HERBERT PASKOW, D.D.S.

IT WAS a mutual problem in dental photography that brought about my introduction to Doctor Walden. During this chance meeting and many others that followed, Henry Walden modestly told of his many interests and amazing accomplishments. His contributions to aeronautics, medicine, dentistry, surgery, motion pictures, literature, and now clinical photography, are so inspiring that few could resist the temptation to write a biographic sketch of his fruitful life. Many of our fellow-practitioners have become leading statesmen, re-

The first American monoplane, the Walden III, with Henry Walden at the controls, in 1909.

searchers, men of letters, artists, musicians, and football coaches; but Doctor Walden has remained a dentist throughout his inventive career in the field of engineering. Few of us can boast of such an accomplishment.

Doctor Walden received his dental degree from Columbia University in 1906, and since then has carried on his dental practice continuously, except between 1916 and 1926 when his services were utilized during World War I and the following years of reconstruction. Yet, he has always found time to enjoy his hobbies, some of which developed into great enterprises.

Doctor Walden designed, built, and flew many small balloons and dirigibles in his earlier years; but soon he graduated from the "lighter than air" ventures, and designed and attempted to fly two bi-planes, which he named the Walden I and II. Disappointed, but not discouraged, he planned and built, and later actually flew, the first successful American monoplane, the Walden III.[1] This was in December of 1909 on the now historic field of Mineola, Long Island. Less than a year later the Walden III met disaster, but its pilot survived and continued to design plane after plane, always improving them. Finally the Walden IX became known as the first American monoplane to pass successfully the many rigid tests prescribed by the Federation Aeronautique Internationale and the Aero Club of America. Incidentally, Henry Walden is one of the few living internationally licensed pilots of the Federation.

The superb performance and success of the Walden IX at the Brighton Beach and St. Louis International Air Meets led our inventor-dentist to found the Walden Company, manufacturer of monoplanes for commercial and private use. Doctor Walden meanwhile owned and operated one of the first schools of aviation, and built New York's first private

[1] U.S. Naval Institute Proceedings (official publication), March, 1934.

hangar at Mineola Airfield, which is adjacent to the present Roosevelt Field.

In World War I, Doctor Walden contributed his skill and knowledge to the manufacture of wings and controlling surfaces for the famous English DeHavilland fighter planes. The war over, he developed plans for safer high-speed planes incorporating lower take-off and landing speeds. These plans led indirectly to his building the first multi-engined clipper. His principle of installing motors in the leading edges of plane wings is now recognized as the most efficient method, and can be verified by the modern medium and heavy bombers as well as small and large passenger and freight transports.[2]

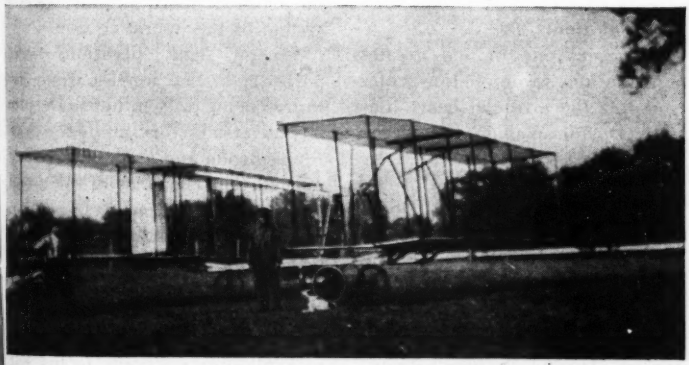
In 1935, Doctor Walden testified in Billy Mitchell's behalf at General Mitchell's famous Congressional hearing. And in World War II he spent two days a week as director of aeronautical research in New Orleans. To this day Henry Walden is an ardent "airway" fan, and frequently spends time "relaxing" in the wide, blue yonder.

Scientific Pioneer

As early as 1916, Doctor Walden was granted a patent for a wireless-controlled aerial projectile. In this patent are the basic principles of all radio-controlled projectiles used during World War II and in the experimental "V" rockets of today.

Last year Doctor Walden was granted patents on a *resilient wheel.* The automotive world needed a wheel which would absorb the vertical and torque shocks of riding, and Doctor Walden's invention not only increases riding

[2] Jacobs, W. H.: Dentistry's Early Bird, ORAL HYGIENE **27**:1474 (November) 1937.



Doctor Henry Walden shown standing in front of his first bi-plane, the Walden I, in 1908.

comfort, but increases the lifetime of the vehicle it transports.

Doctor Walden has long been a still and motion-picture enthusiast. In 1926 he developed a motion picture camera with twin lenses that could project 35 mm. movies with a three-dimensional effect so unusual that the William Fox Company offered him $32,000 a year for the patent rights. Doctor Walden was about to accept the sum, when "talkies" made their appearance and shattered his hopes. Doctor Walden has also contributed much of his knowledge and skill to the development of today's three dimensional X-ray technique.

Following Doctor Walden's becoming a Fellow of the American Association for the Advancement of Science in 1946, he designed and had patented a medicine dispenser which provides a more sanitary and rapid dispensation of solutions by the physician or dentist.

Artificial Heart

However, one of his greatest contributions to our fellow-profession was the artificial heart. Last year, Doctor Walden became research engineer on the Heart Research Board of Mt. Sinai Hospital. Working with surgeons, Doctor Lester Blum and Doctor Magabo, Doctor Walden designed, built, and later assisted in the operative use of an artificial heart. Experiments were conducted on dogs and, to Doctor Walden's knowledge, this is the first time the procedure and results of this research have been made public.

The artificial heart took the place of the natural heart of the dog undergoing heart surgery. A donor dog was used to oxygenate the blood of the operative dog. (This is considered the first time in the history of medicine that another *animal* was used to oxygenate blood.) The operative dog's chest was opened; the lungs collapsed; and both inferior and superior vena cavas hemostatically clamped to prevent the entrance of blood into the dog's heart. Catheters were introduced into the jugular vein down to the vena cavas. Venous blood was pumped via the artificial heart from the operative dog into the venous system of the donor dog, whose lungs performed oxygenation of the venous blood. Arteries of the donor dog were tapped, and the now oxygenated blood was repumped, via the artificial heart, into the arterial system of the operative dog.

Several such operations were performed, the longest time required being 82½ minutes. Despite any adverse factors, all donor dogs revived soon and are still alive and normal. The efficiency of the artificial heart had been acclaimed!

The year he graduated from dental school, Doctor Walden designed and manufactured a new type of dental flask for curing vulcanite dentures. The time involved in explaining its usage to his colleagues necessitated his dropping

this first venture in manufacturing and marketing.

Recently the dentist-inventor foresaw the value of clinical photography. Here was a method by which a practitioner could record his clinical findings accurately (either in black and white or, better still, color). Here was a branch of the health professions that could serve as a diagnostic aid and assist in the study of disease and abnormalities; here also was a field for the conscientious practitioners of dentistry and medicine and their allied specialties that would aid in both student and patient education; and lastly, a method that would bring satisfaction and gratification for a job well done by means of before, during, and after-photographs. This is clinical photography.

Inspired by the need of his eldest son, Richard H. Walden, M.D., D.D.S., a plastic surgeon, for a practical clinical photography setup, Doctor Walden designed a light unit that could be adapted efficiently for dental and medical use. After constant experimentation and continual improvement, he is finally marketing his latest "baby" for the needy practitioner.

Especially designed for the professional man who knows little about photography, his light unit enables easy and rapid focusing with dim lighting, and quick, bright illumination for film exposure. Utilizing a single-lens reflex camera, Doctor Walden's setup permits the operator to see what he wants and get what he sees without parallax and measuring devices.

★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by HERBERT PASKOW, D.D.S., has won the $100 ORAL HYGIENE award for the best feature published this month.

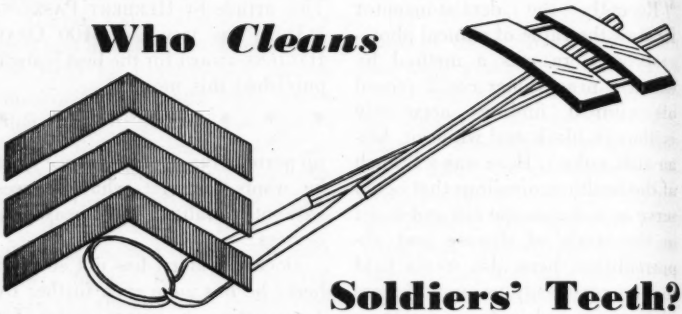
★ ★ ★ ★ ★ ★ ★

Doctor Walden has not stopped here; he has gone even further by constructing a larger setup for clinical ophthalmic photography, using stroboscopic illumination. With such extreme light intensity at 1/1000th of a second, the most rapidly moving subject can be photographed with actually no discomfort to patient or operator.

Henry Walden has not only set a fine example for his sons, Richard, Gerald, and James, but for all professional men. If we are to be men of dental research, then let us be just that. But if we are practitioners, then let us never curl up within our shell of isolationism by confining our every word, thought, and deed to just dentistry. There are many varied "outside interests" which will not only bring us more comfort and joy, but will make each of us a more interesting personality, capable of gaining more friends, a necessity for peace-loving people in a critically insecure world.

1139 *East Jersey Street*
Elizabeth, New Jersey

Who *Cleans* Soldiers' Teeth?



BY HOWARD M. TAYLOR, D.D.S.

IN THE ARMY there is a rather wide-spread policy of permitting and even ordering enlisted personnel, and in some instances, civilian employees, who are neither graduate nor licensed dental hygienists, to "clean teeth." This is apparently with official sanction from the top level; otherwise, the condition would not be tolerated and there would be concerted action at all levels to put a stop to it whenever and wherever it occurs. This would not be permitted in any state of the Union, so why should it be tolerated in the Army?

All the resources of the dental profession, and especially the American Dental Association, should be brought to bear on the Army to put a stop to this illegal practice at once and for all time. Along this line we should secure legislation for commissioning hygienists. The Army commissions dietitians and physiotherapists but, for some unexplained reason, the hygienist is not commissioned. Could this be because she is allied with the dental profession and not with the medical profession? Her formal technical education and training is as long, if not longer, than that required of either of the foregoing. A recent article in one of the service journals states that courses in physiotherapy of *one year* duration are being planned at Brooke Medical Center, on the completion of which graduates may be commissioned in the Women's Medical Service Corps Reserve of the Army. The two-year

Sub-standard dentistry in the Army cheats the dental profession and the Army itself, as well as the serviceman.

curriculum of accredited schools of dental hygiene *at college level* is certainly more intensive than any course given by the Army and, after graduation, a hygienist must pass a state board examination and be licensed before she can practice her profession. The most recent Civil Service regulations that the writer has seen as to requirements for hygienists states that "each applicant *must* be registered as a dental or oral hygienist in a State or Territory of the United States or in the District of Columbia." The question is, how can the Army legally employ a civilian and permit her to "clean teeth" unless she is so registered?

Unethical Orders

The writer resigned from the Regular Army in November 1948 rather than comply with an order (both verbal and written) to permit and require enlisted men and civilians to "clean teeth." An excerpt from the written order which I have in my possession is as follows:

"During an inspection of the Dental Department, 34th General Hospital 29 July 1948, it was noted that very few dental prophylactic treatments were being accomplished and none by enlisted men, contrary to verbal instructions given the Dental Surgeon, 34th General Hospital by the Dental Surgeon XXIV Corps, early in July 1948."

The excuse for such an order was the shortage of dental officers. One of the main reasons for this shortage, as most dentists who served in the Army during the last war can so ably testify, was the way the professional man was treated by the "Army brass." The treatment is referred to as "established Army policy." This is apparently a catchall phrase used to cover any condition that cannot bear the light of truth. The dental officer not only had to tolerate abuse, intimidation, insults, and humiliation the same as the medical officer but, in addition, had to submit to the same treatment many times from the medical officer who knew little about dentistry and cared even less. The medical officer had to take it out on some one and the dental officer was a handy victim because of the domination of the Medical Corps over the Dental Corps. This condition still exists.

Unqualified Hygienists

The practice of permitting and requiring enlisted personnel and other untrained, unqualified, and unlicensed personnel to "clean teeth" can, and has, led to other illegal acts. It is just an opening wedge for enlisted men to fill "snake eyes" (as pit cavities are

called in the service) and to "make plates." The service man in real need of prophylactic treatments, requires the services of a *dentist* or *hygienist,* not just an "Army tooth cleaner."

Recently the writer was talking with a hygienist who told him that she had applied at several Army posts in one of the Southeastern States for a position as hygienist under Civil Service. Several of the dental surgeons told her frankly that they had no place for a graduate, licensed hygienist for they had enlisted men "cleaning teeth." The writer wonders if they would say that they did not need any dental officers either because they had enlisted men filling "snake eyes" and making "plates." If they and the Army would go "whole hog" there would be no need to force hundreds of dentists into the Army.

Dentists Avoid Army

At the recent meeting in Atlantic City, a high-ranking official of the Selective Service System stated before the Reference Committee on Federal Dental Services, that the Air Force and Navy had more than enough applicants to meet their needs for dental officers but that the Army was almost as critically short as before the special draft and that the only solution was to draft dentists. Apparently able and conscientious dentists have no desire to serve with unethical and unprofessional dental officers of the Army "tooth cleaners" and to endure insults, abuses, and humiliations as exemplified by "established Army policy."

Our State Boards endeavor to protect the general public against such irregular practitioners and "quacks." It is a sad commentary that the American soldier does not have the same protection.

Perhaps it is not generally known, but Army dental officers and all other professional personnel in any government service are as liable for malpractice suits as any private practitioner. If one of these "Army tooth cleaners" really made an effort to give the serviceman a prophylaxis, instead of just a "cleaning," and injured the patient, what defense would the dental officer who permitted this illegal act have? A plea or alleged defense that he was carrying out an order of a superior officer might suffice with the "Army brass," but I seriously doubt if it would hold up in any court of law.

It is high time that we put a stop to such illegal, unethical, and unprofessional practices as the "Army tooth cleaner" and other overt acts in the Army, and try to maintain the good name and integrity of the dental profession, thereby rendering to our military patients only the services to which they are entitled and which they deserve.

3771 *Odin Court*
Houston, Texas

BROKEN APPOINTMENTS .. in Reverse

BY CHARLES P. FITZ PATRICK

Time spent in keeping patient records up to date may be time saved in emergencies.

YOU NEED not be told how you react when a patient calls at the last minute to break an appointment. It is equivalent to taking money out of your pocket and tossing it away. Of course, as an appointment is similar to a contract, you might be within your rights to charge for the lost time, but there is the small but important factor of "good will" to be considered. So, you charge it off to the fates and simply forget it.

On such occasions you cannot help realizing that illness and accidents are no respecters of dental appointments. For proof of that, let me recall the experience of Doctor Raymond Marshall (not his correct name, of course) who, on a recent Sunday afternoon, was walking to the garage at the back of his home. He did not make it. For no apparent reason his foot slipped off the curb of the driveway and nearly threw him. At first, it seemed like nothing to be concerned about, but when Marshall stepped into his car, his right foot did not work as it should.

Well, finally he called in a physician friend of his from the neighborhood, and heard the sad news. "Go to bed and stay there," ordered the physician. "I'll stop by in the morning and take you to the hospital where we can have an

X-ray made. I don't think anything's broken and probably you will be back on the team by Thursday or Friday."

Now, what is a dentist with a full appointment book for Monday, Tuesday, and Wednesday to do in such a case; especially when his office is not located in his home? Doctor Marshall decided to do exactly what you are probably thinking should be done in such an emergency. He would telephone and cancel each appointment. That seemed like the only solution!

Why Not Telephone?

After Ray's son had driven to town to pick up his father's appointment book and work-record file, the fun started. Never had he realized the possible need for patients' telephone numbers, so he had not always asked for them. He had current telephone numbers for eight of the seventeen patients he had arranged to see on Monday, Tuesday, and Wednesday. Marshall's wife and son telephoned these men and women to tell them of the dentist's mishap. There remained the names of nine persons whose 'phone numbers were not listed, or who had moved from the addresses shown on the work-record cards.

Like most dentists, this practitioner knew his patients by sight almost as well as he knew the members of his family. There was Philip Anderson, for instance. Ray knew he was connected with a plate glass company, and had a son in the Air Force. If required, Marshall could describe Anderson feature-by-feature. But what was his 'phone number? He no longer lived on South Center Street. A call to the old address turned up the fact that the present occupant had lived there for eight years and did not know the Anderson family. With more than a score of Andersons listed in the local telephone directories, it was not practical to call each one and ask if there was a Philip in the family who had an appointment on Tuesday with Doctor Marshall.

Quite a bit of detective work went on in Ray's bedroom that afternoon and evening, and the telephone company contributed generously of its time and facilities. In two cases, the proper patients were located by first calling relatives who were also Doctor Marshall's patients, and whose current telephone numbers were included in his records. After approximately four-and-a-half hours of paging through records and telephone books, all but one patient was located. To take care of this lone appointment, a small sign was fastened to Marshall's office door stating that, "Due to injury, Doctor Marshall will not be in his office for three or four days. Please telephone later for appointment."

Probably you think this could not happen to you. Your records, of course, are complete in all respects. But *are* they? For instance,

how long has it been since you asked your older patients—older in length of time they have been coming to you—to give you their present telephone numbers? The importance of this every-now-and-then request is made evident by the fact that more than three out of ten families move every five to ten years. Then, young people marry and set up their own homes. These Americans on the move tend to make some of your records obsolete daily.

As his ankle healed, Doctor Marshall gave this subject some serious thought and came up with a plan he is now practicing. As each patient calls for an appointment, Marshall asks his or her telephone number. Beside the number in brackets he places the date of the request. Later, when the passing of time may have brought about a change in the number, he queries his patient again, asking, "Is your telephone number still . . . ?" Thus, if he should ever slip again, he will not fall into a spot that will make the cancellation of appointments so difficult.

Just as a matter of interest, why not take a minute or two now to check your own record of patients' telephone numbers. And remember, simply having a number after a name is not sufficient.

3841 *Aspen Street*
Philadelphia 4, *Pennsylvania*

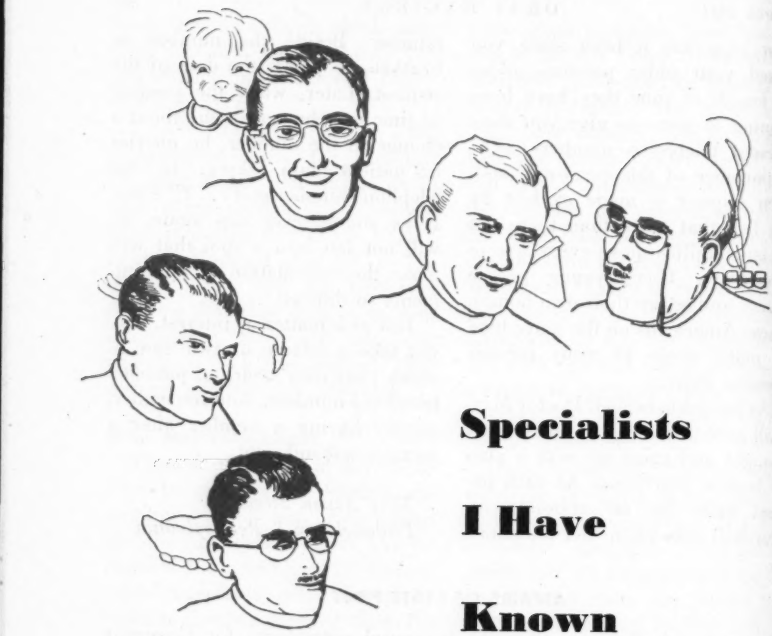
AFFAIRS OF STATE FIRST

TWO AND a half hours after the inaugural ceremonies for Governor John S. Fine of Pennsylvania started, the telephone rang in the Governor's office at the Capitol.

It was Governor Duff's dentist's office calling, asking if the outgoing Governor had forgotten his 12:30 dental appointment. At 12:30, Duff, attired in high silk hat and morning wear, was sitting in the inaugural stand in front of the Capitol, listening to Governor Fine's address. Actually, he had forgotten his dental appointment—*The Philadelphia Inquirer.*

ARTISTIC CONTRAST

"A patient with skin of 50 per cent less-than-average brilliance should not be fitted with teeth of 50 per cent less-than-average brilliance, nor should spherical teeth be selected for the roundest face."—*Victor H. Sears, D.D.S.*



Specialists I Have Known

What qualifications distinguish the genuine specialist from the fraudulent?

BY DAVID TABAK, D.D.S.

WE CAN identify three types of specialist: 1) the one who has never tried anything else, but with singleness of purpose and steady aim has trained for his chosen specialty from his first days in college through his postgraduate training; 2) those with a period of general practice as a base, who veer slowly into a particular branch of dentistry and decide to devote their full time to it; 3) those who have not been successful in general practice, and tiring of its long hours, hard work, and small fees decide to "better themselves" by becoming specialists in one field. These three categories do not always retain clear and distinguishable characteristics; they

overlap occasionally and sometimes reveal attributes common to all. On the whole, however, this classification retains enough distinctive delineation to merit a more comprehensive description.

Those in the first category live in ivory towers, do research, amass a vast amount of knowledge, write learned treatises, outline new directions, and advance our scientific frontiers. They are not always good teachers, nor are they friendly to everyone; but they do carry weight and shed luster, and are indispensable for charting and molding professional procedure.

True Specialists

As time goes on, those in the second category do reach a state of "knowing more and more of less and less," as the popular definition of a specialist puts it; provided hard work and diligent study comprise their effort. For, these men have to overcome the handicap of a lack of early specialized training. Assuming, however, that they are able to master their subject enough to merit the coveted title, they should realize that the qualifications for a specialist reach beyond professional knowledge. Since a specialist's work consists of treating difficult cases, he rises to a superior status automatically and is looked upon soon as a teacher and guide within the profession and as a front man without.

To maintain such an exposed position properly one must possess not only dignity, pride tempered and balanced by humility, but a sense of responsibility for the entire profession. This sense of responsibility, however, cannot exist in a vacuum; it must rest on a solid body of moral principles. As the profession's spokesman before learned societies as well as before the general public, the specialist's equipment must also include: a broad cultural background: a knowledge and appreciation of the fine arts, history, and sciences; an ability to transmit his knowledge in lucid, fluent, civilized language; a lively interest in current events; and always that elusive yet all-pervasive, indefinable quality called personality which is a pleasing admixture of power, humility, and compassion. A man so endowed is a natural leader. Even though he does not—and, indeed, need not—seek leadership, he usually finds himself in the midst of eager and admiring followers.

It is unfortunate, however, that these men are pushed aside and outnumbered by the members of the third group. There is nothing wrong in trying to improve one's economic status. It is, in fact, one of the inalienable rights embedded in the preamble to our Constitution. If only these men would keep their personal struggle for material gains on that level and stop there. But they do not. Often these men try to move into the second category and, to some extent, even into the first; completely without

qualification and solely on their nerve. Such uncontrolled shifting does irreparable harm to the profession. As a result, we see little men trying to talk big; ignorant men trying to discourse learnedly; inferior men pushing themselves to the fore and assuming leadership, unaware that they are giving dentistry a black eye before allied professions and the public.

"The Professor"

One such specialist, known to me, no doubt does competent work in his field and is probably a good husband and father. But he looks with derision upon our scientists and theoreticians; he is openly scornful of them and refers to their work as "the bunk." These men volunteer for organizational spade work in dental societies—work which always goes abegging and therefore is given to them gladly. They organize classes "for free," offer themselves as clinicians and, when accepted, quickly turn the clinics into undisguised show-off circuses. In divers ways, they contrive to keep themselves in the limelight, all the time operating with a few phrases lifted from magazine articles.

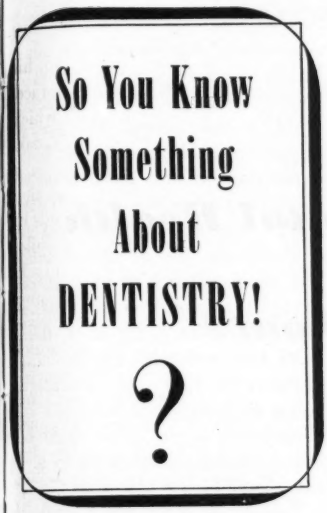
In general medicine, the specialist is often referred to as "the professor" by the laity and thereon hangs a tale. The medical specialist (the professor) is wrapped in mystery. He is the keeper of the seal, the man of last resort. He is summoned from his cloister to expose his profound erudition, his God-given skill, his bedside grace, his melifluous voice through which God Himself is supposed to speak. The "professor-specialist" is a dedicated man whose sole function is to uphold the faltering hands of the general practitioner and pilot a wavering case to a successful and happy ending. The professor knows the power his healing hand derives largely from this faith, by which he performs his near-miracles. One wrong move on his part and the spell is gone and, with it, much of his usefulness. His character, therefore, as well as his conduct, must be exemplary and positively above reproach.

Of course, in today's rough-and-tumble world, people take the professor-specialist in their stride, regard him as merely a man of higher skill, but not necessarily as a superman. This, I submit, is the attitude of cynicism and disillusionment forced upon people by the painful discovery that the awesome specialist is, after all, no different.

For years, people have cherished and clung to the beautiful, heartwarming belief that the professor-specialist represents the acme in wisdom, erudition, ability, humility, and love of fellowman, and they still cling to this concept—a concept which is being outmoded further by the sorrowful misfits among our specialists.

270 *South Third Street*
Brooklyn 11, *New York*

So You Know Something About DENTISTRY!



QUIZ LXXVIII

1. When a pulp becomes purulent or dies, is there any response to heat or cold?

2. Salivary calculus is deposited predominantly on the (a) lingual surfaces of the lower anterior teeth, (b) labial surfaces of the upper anterior teeth, (c) buccal surfaces of the upper posterior teeth.

3. True or false? Hypoplastic deciduous teeth show slight sensitivity to operative procedures while young permanent hypoplastic teeth are exceedingly sensitive, much more so than normally formed teeth.

4. Trichloracetic acid is used as (a) a dentinal coagulant, (b) a constituent of some mouth washes, (c) for hypersensitive dentine.

5. Why is the weight of cobalt-chrome alloy restorations considerably less than the same restorations in gold alloys?

6. Fluorides in aqueous solutions are (a) more toxic than, (b) less toxic than, (c) as toxic as, fluorides in dry diets.

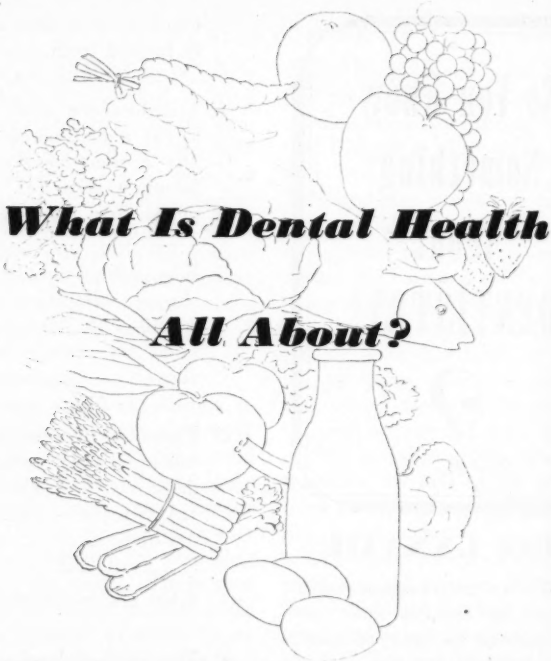
7. What are mesiodens?

8. The highest level of need for restorations occurs at (a) 7, (b) 15, (c) 24, (d) 36, years of age.

9. Which of the following aid in giving support to the maxilla? (a) the canine pillar, (b) the zygomatic pillar, (c) the pterygoid pillar.

10. What does soft, flabby, hypertrophied tissue under a denture usually indicate?

FOR CORRECT ANSWERS SEE PAGE 367



What Is Dental Health All About?

North Dakota dentist emphasizes the interdependence of systemic and dental health and necessity of natural foods for both.

BY GEORGE A. SWENDIMAN, D.D.S.

WHAT IS dental health? How can one achieve it? Ask a few laymen, intelligent laymen, if you will. "It means pearly white teeth," says one, "and you achieve that perfect condition by brushing your teeth regularly with a reputable tooth paste. Also, you visit your dentist regularly to have him plug the cavities that sneak in." Says another typical layman: "Dental health means a condition of the mouth in which no decay can be seen." Those ulcerous roots and hidden rot lurking beneath the surface may not be seen by the naked eye, but what the X-ray detects beneath the pearly surface may be your death warrant!

All right, maybe asking the laymen such questions was not fair. Then let's turn to a group that

ought to know—the physicians. "Tell me, 'Doc,' what is dental health?" "Well," begins "Doc," beating his brains for a high-sounding answer and revealing, at the same time, that he had never given the problem much consideration before in his practice. "Well, dental health is, uh, obviously a condition in which the teeth, uh, are kept in a desirable state of health. It is, uh, a salubrious condition of the dentures and it is maintained by, uh, intermittent and vigorous massaging of gums and teeth with, uh, a lubricative paste of acceptable sanative properties." Bully for you, "Doc," and for such ideas may you spend a few seasons in purgatory doing penance by massaging your own teeth vigorously with a paste of, uh, sanative properties.

Physician's Reply

Still dissatisfied, we visit three more physicians in order to ask our question, "What is dental health, and how can we achieve it?" Lo! These eminent men hardly open their mouths to say "hello" to us when we realize that the physicians themselves have mouths which are in a deplorable dental condition. What confidence, then, can we have in their answers to our question? Incidentally, what dentist has not been amazed to peer into the gaping jaws of his town's most respected medicos and find conditions that made him shudder? Running through our mind is a suspicion about those statistics which say that physicians die in undue numbers from coronary and other heart ailments. Is their heart disease really the result of overwork alone, as the American Medical Association proudly suggests? Or could it be that those diseased teeth which the physician habitually underrates in importance may be a factor contributing to his organic degeneration?

Are health authorities actively interested in dental health? Look about you. How many hospitals have fully equipped dental surgery rooms where a dentist can operate conveniently? In a hospital of two hundred rooms is it too much to expect that one room, just one, be dedicated to the humble purpose of curing the all-too-prevalent dental infections which are responsible for an unsuspected proportion of heart, kidney, rheumatic, arthritic, and other systemic ailments? In my city one hospital has just added a $600,000 addition. Also going up is a $3,000,000 hospital. Yet neither hospital has provided adequate facilities for dentists, nor is there a single dentist on either staff. Such shameful situations I attribute directly to the myopic and monopolistic nature of our medical societies.

But since I am crying out like Isaiah in the wilderness against the sins of physicians, let me admit, as cheerfully as I can, that my own dental profession is not with-

out guilt. What is the *dentist's* conception of dental health?

Where Dentistry Fails

Go to any dental meeting. There you will see clinics on the mechanical phases of dentistry overcrowded. But what of clinics on the biologic and pathologic phases of dentistry? There you find barely a corporal's guard in attendance. Yet, I submit that the biologic and pathologic phases are more fundamental, more important, than the mechanical phase in the prevention and cure of oral diseases.

Why, then, are dentists more interested in the mechanical aspect of dentistry and the selling of material? The reasons are clear. It is easier to sell materials for a price than to obtain a *professional fee* for promoting dental health. Volume dentistry is profitable. And, in addition, dentists are too prone to regard themselves as tooth mechanics rather than health restorers, as piece-work laborers rather than professional diagnosticians and advisers.

It is a philosophic fact that he who sees only the surface of a problem will pick only at the surface. And a good number of our leaders in dentistry, as well as our best dental societies, are wasting tremendous effort by picking at surfaces, and by combating effects rather than causes.

Let me illustrate with three recent panaceas that have their adherents among our colleagues:

(1) *The fluorine cure.* The presence of fluorine in drinking water, it is maintained by some, will lower the incidence of dental caries. Too much fluorine will, of course, mottle the teeth; it will etch glass, too, for that matter; and what a small amount of it in the city water can do to one's kidneys and other vital organs over a period of years is a consideration. But, hurrah! Now we can eat all the sweets we want and hope that fluorine prevents caries.

(2) *The ammoniated-dentifrice advocates.* Urea will do the trick. Brush the "toothies" with a urea compound after each meal, and, it is asserted, the rate of caries will drop perceptibly. And what a great boon this discovery will be to the manufacturers of white flour products, soft drinks, and refined pap, whose entire future depends on the continued public tolerance of their emaciated products.

(3) *The water-swishing routine.* The dean of an eminent dental college made news in a national magazine digest recently by advocating "a sensible way to lessen tooth decay." He advocates cleaning the teeth with a brush after each meal (how revolutionary!) or, lacking that opportunity, to swish water around in one's mouth for a few minutes to dissolve the sugar that might cling around the teeth. He comments on the huge consumption of sugar and other carbohydrates as the troublemaker in dental caries. He also mentions,

quite accurately, that primitive people had a minimum of caries. At this point the heart of the problem is so glaringly apparent that a grade-school child ought to be able to perceive it. Unfortunately, the eminent dean misses this point and is content merely to leave the impression with at least 17 million readers that it may be all right to consume candy, soft drinks, and carbohydrates in any form, because water-swishing will now prevent dental caries!

Let us brush aside these half-truths and get to the core of the dental problem. *There cannot be dental health without systemic health; nor can there be systemic health without dental health.* One is dependent on the other. *The basis of systemic health is natural foods, those natural foods that contain the optimum in vitamins, minerals, synergists, and enzymes.* Nutritionists know that a balanced diet of natural foods will produce the correct chemical balance in the body, whereupon the normal saliva will act as a buffer against any caries. Let us forget about the Lactobacilli as a primary causative factor; Nature will take care of them when the patient receives proper nourishment.

Do you doubt that refined foods have a direct bearing on health? Then read Weston Price's book, NUTRITION AND PHYSICAL DEGENERATION.[1] Do you doubt that teeth vitally affect the health of a patient? Then read Martin Fischer's book, DEATH AND DENTISTRY.[2]

One does not combat syphilis today with skin ointments, nor does one fight tuberculosis with cough drops. Sensible people tackle the root of a problem, not the surface symptoms. It is time for our dental societies to do for our national health what the AMA has failed to do—we must instill in the minds of American laymen the vital importance of a balanced diet of natural foods. And we must crusade against those numerous commercial interests that now benefit by the popularization of refined foods. Let us no longer permit the best part of our natural grains to be stripped from our diet, to be fed to our hogs; while the bleached, lifeless, tasteless remains are sold to decorate our tables and rob us of our health.

Doctor Oliver Wendell Holmes, in 1855, said, "The medicine of the future will be found in foods." I bow to Doctor Holmes; he was considerably more sagacious than most modern physicians. What this country needs is a new declaration of independence, not with respect to the Nation, of course, since freedom has been achieved there; but rather a declaration of independence against selfish manufacturers and tradesmen who would sap our strength and pillage our pockets by selling us soda

[1] Price, W. A.: Nutrition and Physical Degeneration, New York, Paul B. Hoeber, Inc., 1939.

[2] Fischer, M. H.: Death and Dentistry, Baltimore, Charles C. Thomas, 1940.

pop, pastries, sweets, and refined corruption of every description.

I am ready to take an active part in a revolutionary health crusade. Who will stand up with me and be counted? Will the dental societies join an honest crusade for better health? Through our efforts, publicity, and the establishment of proper food laws, most refined foods might well be eliminated and an unparalleled improvement brought about in the dental and systemic health of American citizenry. It will take time, energy, and money; but the results in improved health are positive.

"We hold these truths to be self evident: That all men are created equal in their need for natural foods; that they are endowed by their Creator with certain inalienable nutritional rights; that among these are whole grains, leafy vegetables, fresh meats, fruit, eggs, butter, milk. We mutually pledge ourselves to do unceasing battle against those enemies of the public welfare who would refine, sweeten, discolor, or in any way adulterate those wholesome foods which are our proper heritage."

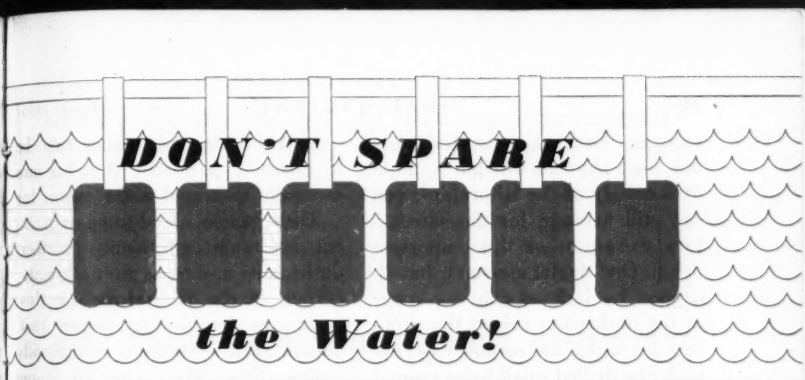
First National Bank Building
Grand Forks, North Dakota

URGENT NOTICE TO VETERANS

THE EDUCATIONAL benefits for veterans under the GI Bill of Rights expire July 25 of this year. Those who are eligible and want to take advantage of their rights must act at once. Several universities offer short courses on different subjects, which, if started before July 25, will be honored by the Veterans Administration. Doctor Balint Orban, 629 North Nevada Avenue, Colorado Springs, Colorado, is offering, under the Veterans Administration's auspices, courses in periodontia between now and July 25. At present, the Korean veterans are eligible under the GI Bill of Rights only if they are disabled. It is hoped that a new law will be passed in time to include non-disabled veterans. The bill is under study at present.

THE COVER

THIS BIRMINGHAM scene will be a familiar one to dentists attending the 82nd Annual Meeting of the Alabama Dental Association at the Tutwiler Hotel in that city. The meeting is scheduled for April 16, 17, and 18.



In the absence of adequate equipment, these practical suggestions may solve your darkroom problems.

BY SYLVIA DANENBAUM

How OFTEN have you taken a roentgenogram from the files, six months or a year after filing, to find it specked with brown or faded? It *does* happen, even in the best-equipped dental offices.

The proved reason for this deterioration of processed film lies not in the equipment used, nor in the processing solutions, nor in the film itself. It lies in the human element, you and me. The roentgenogram got "that way" because of carelessness on our part. For one thing, the film placed in the fixer had carried over some of the developer, an alkaline solution. The fixing solution is acid. Logically then, if you transfer a film from the developer to the fixer without a thorough rinsing, some of the alkaline solution will be carried over, neutralizing some of the acid solution. Slowly, constant repetition of this contamination destroys the hardening action of the fixer and lessens its ability to complete the processing action started by the developer. Although the picture may seem clear and set after the usual ten minutes in the fixer, time will prove that this is a false result. Gradually, over a period of months, the image will fade or the surface of the film will become brown specked.

The answer? The use of plenty of clear, cool, running water can be the solution to this and other problems that plague you in producing good dental roentgenograms. To disregard this simple but cardinal rule in processing films often means the difference between a good roentgenogram, easy to interpret, and a defective roentgenogram, virtually without value and subject to dangerous misinterpretation.

Facilities for the proper rinsing of films are simple, can be inexpensive, and are not difficult to

arrange. Even if your darkroom has been shunted off into a closet or a corner of the laboratory, you can still arrange for the satisfactory execution of this important detail. One dental assistant, handicapped by lack of running water in the darkroom, solved the problem by using an ordinary scrub-pail. She drilled small holes around the brim of the pail and drew strings tautly from side to side using the holes to anchor the ends. On these strings, she hung the racks of processed films, properly marked for identification. Then she set the entire device under the cold-water faucet in the laboratory sink—cool, clear, running water!

Proper Darkroom

It does seem a false economy, however, after investing a sizable amount of money in the finest X-ray machine, and acquiring the necessary skill and technique to produce good roentgenograms; to stop short of providing a proper darkroom. Such economy, whether of space or money, can nullify a large percentage of your investment. But, even where it is physically impossible to set up the ideal darkroom as sketched by architects and desired by progressive dentists and their assistants, adequate equipment for supplying circulating water can be obtained easily. Here is the required equipment:

1. A gallon tank, with separate compartments for developer, fixer, water, and a water-intake petcock.

2. A few feet of rubber tubing to extend to a nearby sink for attachment to a cold water faucet.

These items, added to your present darkroom equipment—be that darkroom a closet, a walled-off corner of the laboratory, or the bathroom—go far to insure the added quality of your roentgenograms. Now, when you lift your rack of films from the developer, you can rinse them for the prescribed 15 seconds in *running* water, confident that no traces of the developer will be carried over into the fixer to destroy its effectiveness. Incidentally, you save financially, too, because it is not necessary to change the solutions so often. Now, too, you can set your films on the rack above the water compartment; adjust the speed of the water running into the tank; set your timer for 30 minutes; and know that the magic of clear, cool, running water will bring out and insure the fullest value of the X-ray image.

Of course, there is more to processing dental films than what has been discussed here, but by far the greatest single darkroom factor in eliminating faulty roentgenograms is careful rinsing and washing. When you reduce the possibility of a slip-up there, you take a long stride toward better roentgenograms.

Processing dental X-ray films can be the responsibility of the dental assistant. In many dental offices she is trained to carry out

this detail of X-ray procedure. She knows the value of your investment in time, skill, and cash as well as the worth of good roentgenograms in diagnosis and treatment. When you hand those films to your assistant, protect your investment by seeing to it that she has the proper darkroom facilities to do the job right.

700 *West 175th Street*
New York 33, *New York*

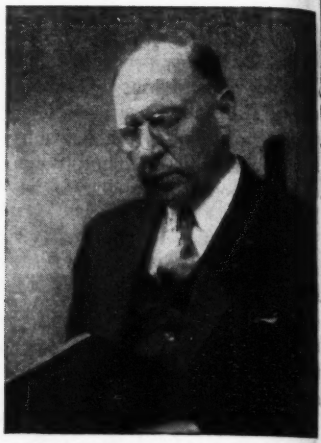
SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXXVIII

(See page 359 for questions)

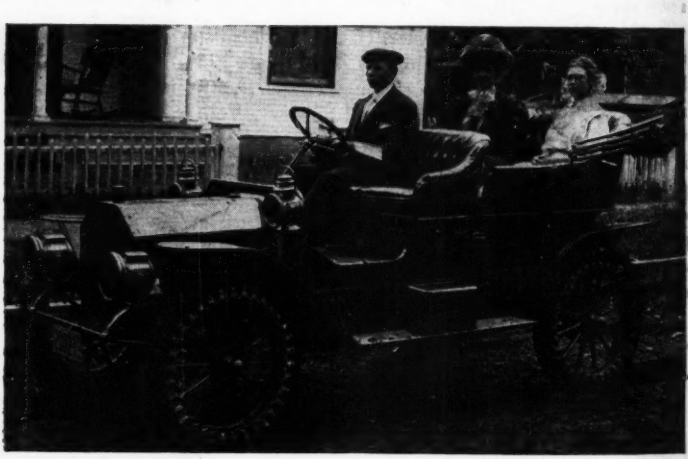
1. No response to cold but heat gives pain. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 35)
2. (a), (c). (Ehrich, W. E.: Pathology, Philadelphia, Lea & Febiger, 1941, page 384)
3. True. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 81)
4. (a), (c). (Accepted Dental Remedies, ed. 15, American Dental Association, 1950, page 11)
5. Lower specific gravity and greater strength of cobalt-chrome alloys. (Lane, J. R.: A Survey of Dental Alloys, JADA **39**:430 [October] 1949)
6. (a) more toxic. (Leicester, H. M.: Biochemistry of the Teeth, St. Louis, C. V. Mosby Company, 1949, page 173)
7. Supernumerary teeth occurring between the two maxillary central incisors. (Thoma, K. H.: Oral Surgery, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 321)
8. (b) 15 years. (Pelton, W. J.; and Wisan, J. M.: Dentistry in Public Health, Philadelphia, W. B. Saunders Company, 1949, page 28)
9. (a), (b), (c), all give support. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 85)
10. Faulty occlusion or lack of proper denture fit. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincot Company, 1948, page 381)

Dentist Saves Auto Licenses 1905-1950



Doctor J. Walton Dace of Winchester, Illinois.

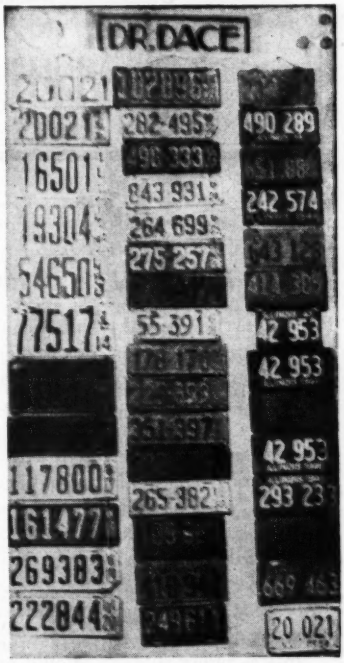
Doctor Dace is shown here at the wheel of his first car, a 1909 Reo.



When Doctor J. Walton Dace of Winchester, Illinois, received his automobile license for 1949, it was the same number he received forty years earlier for his first car. At that time, the state of Illinois did not issue license plates; instead the number it sent was on a round aluminum disk about the size of a silver dollar to be nailed on the dashboard. Doctor Dace had the numbers painted on a piece of tin and hung it on the front of the car.

His first car was a two-cylinder, chain-drive Reo with the engine under the front seat. The gas and water were under the hood. The top, windshield, and speedometer, were extras which you added later if you wanted them. Clothes for driving were an important item in those days. A long, linen duster, a cap, and a pair of gauntlet gloves were musts for the driver; while the women, always perched in the back seat, wore long, flowing veils and linen dusters. The front seat was for the driver and the mechanic who, incidentally, was indispensible. A spare casing and three or four extra inner tubes with patching material, hand pump, and a full set of tools, were standard equipment.

Doctor Dace, who has practiced dentistry in Winchester for over fifty years, claims the distinction of having driven a car longer than any living man in his community. He has owned many different makes of cars, and has kept every one of his license plates since 1909.—*From Reo News.*



A complete collection of license plates from 1909 to 1950.

IF YOU ENTER MILITARY SERVICE

If you are called to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you Oral Hygiene. Please address Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

PORTRAITS OF DENTAL TEACHERS

THE QUALITY of dental training can never rise above the intellectual level of dental teachers. Most of our dental teachers have had no pedagogic background, and many of them have no interest in modern teaching methods. Teachers are recruited from the ranks of recent graduates and sometimes, unfortunately, from a group who did not have the qualifications for success in dental practice. It is better that we say no word about these: the timid, the indolent, the insecure, who feared to face the rigors of dental practice and took refuge behind the protected and cloistered wall of teaching. At the same time we must express admiration for a significant and sizable group who teach with honesty of purpose and with a true love.

A rather devastating portraiture of dental teachers has recently been drawn by Dummett:[1]

"Just as many students should not be in professional schools because of nervous or mental illnesses, many dental teachers should not be on the faculty for similar reasons. As a matter of fact, many of these people should not even have been allowed to enter professional school much less to be responsible for the professional and academic preparation of students. Cases in which dental teachers are completely aloof to students' problems are just as frequent as cases in which teachers are so concerned about students that they meddle and pry into, and even attempt to direct the dental, social, and family lives of their professional wards. Then there are cases in which teachers are so keen on acquiring the reputation of being severe, that actually there is derived a maniacal delight in failing students or awarding extremely low grades quite out of proportion with the work done and grade deserved. Common in every dental school is the ostentatious teacher intent not in teaching or in assisting students

[1]Dummett, C. O.: Mental Health Principles in Dental Education, Bull. of Ala. Dent. Ass'n. **34**:18-19 (October) 1950.

in the learning process, but rather on impressing the student with his own profound wisdom and ability."

There is more than a modicum of truth in this distressing picture. There are incompetent, tyrannical, and ostentatious teachers, and there are even a few overly protective ones. If we applied stringent tests, some of these teachers might, as Dummett suggests, be shown to be suffering from actual mental and nervous illness. They would be relatively few in number, probably proportionately fewer than the neurotics and psychotics in the general population.

A strong case can be developed against dental teaching on the grounds of educational incompetence and unfavorable economics. Dental teaching should be a career and a vocation, not a sideline and an avocation. The standards should be professional rather than amateur. This means that dental teachers should be adequately trained in dentistry *plus* a training in pedagogy. They should enter teaching as a career and not as a stopgap in preparation for practice. The teacher should be adequately paid and his income should be comparable to that received by practitioners. He should have secure tenure, academic freedom, and provision for retirement. Finally, the dental teacher should occupy a position in the economic hierarchy comparable to that held by teachers in other departments of a university.

The mission of the teacher is to impart information and a spiritual something. The spiritual ingredient has nothing to do with preachments or the scriptural; it is a quality of firing and inspiring young minds and hearts with zeal and noble purpose. It is the opposite of cynicism, of defeatism, of frustration. It is the spark that lights dark corners; the spark that sets off the chain reactions that lead from thoughts and ideas to research and discovery.

Most men are timid in using the word spiritual to describe any experience, fearing that it carries some note of the effete and non-practical, but there is nothing more real and practical than to give the vision of greater values. The dental teachers have that unsurpassed opportunity, and many of them that we all know have fulfilled their mission with energy and unselfish devotion.

Edward J. Ryan

Portraits and Profiles

Of American Dentists

By Howard A. Hartman, D.D.S.

Melvin E. Ralston of Pomona, California, President-Elect, Southern California State Dental Society, visits with Charles B. Hall, Washington, D.C., and Ralph E. Creig, Cleveland, President, Ohio State Dental Association.

Left to right: Alb[ert] C. Vielle, Los A[n]geles; William [Stills]on, Clevela[nd] and Myron E. La[ng] Minneapolis.

At the meeting the American De[n]ture Society at t[he] ADA meeting, the i[n]coming presid[ent] Harold L. Harris Denver (left) [re]ceives the gavel fr[om] his predecessor, Jo[hn] W. Geller of In[di]anapolis.

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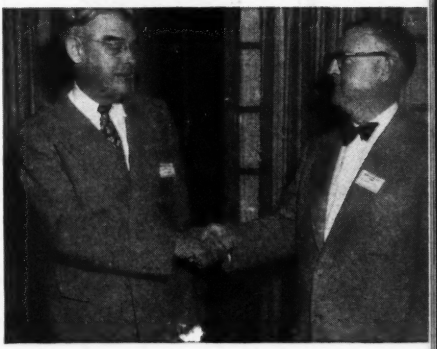
ft to right: Myron A. Roberts, Buf-
lo, New York; Homer D. Butts, Jr.,
tsburgh; Virgil A. Kimmey, St.
uis; Chester Perry, Detroit; and
bium F. Sadd of Cleveland.

ANNUAL MEETING
OF THE AMERICAN
DENTAL ASSOCIATION,
ATLANTIC CITY



Barney E. Farmer, Austin, Texas, member of the Executive Council; and Arthur L. Roberts of Aurora, Illinois, incoming Secretary of the American Denture Society.

elow: Members of the American
enture Society, left to right: W. Les-
Warburton, Salt Lake City; Emil
Bollwerk, St. Louis; Louis S. Block,
uisville; Carl O. Boucher, Colum-
s, Ohio; and Claud J. Stansbery,
eattle.

Dentists in the NEWS

Los Angeles (California) Times: Alert salvage workers of the Volunteers of America in Los Angeles recently uncovered a century-old keepsake, a dentist's instrument case, accidentally discarded by its owner, Doctor John Rush McCoy, Los Angeles orthodontist. Made of green cloth rolled up like a mechanic's tool kit, it contained handmade dental tools made and used during the Civil War period by his grandfather, the late Doctor Milton McCoy of Boonville, Missouri, one of the first men in the United States to practice dentistry. Milton McCoy started as a physician and served the Union Army as a surgeon. He changed to dentistry later and, in 1866, became one of the six founders of Missouri Dental College, now the School of Dentistry of Washington University, St. Louis.

Both Doctor McCoy and his brother, Doctor James D. McCoy of Beverly Hills, are graduates of the Southern California School of Dentistry, where their father, the late Doctor John C. McCoy, was a member of the original faculty when the school was organized in 1898. Doctor McCoy plans to present the case of instruments to the School of Dentistry as a memento of the early days of dentistry.

New York (New York) Times: In addition to sixty full years of dental practice, Bostonian Charles William Adams is a pharmacist and physician and, at 93, is sorry he retired. He still wears the beard he grew when he was 21 to make him "look older," although it is white now. Doctor Adams graduated from New York University School of Medicine in 1884, but defective hearing forced him to abandon medicine and, in 1890, he received his dental degree from Boston Dental College, now Tufts Dental School. When he was 89, Doctor Adams gave up his full-time practice and now spends much of his time "taking in all the conventions" and visiting museums. He feels that, despite his retirement, he has remained young in heart.

The Illinois Ike: Doctor Baxter R. Sharp of Elgin spends most of his leisure hours conserving more impersonal natural resources than his patients' teeth—Illinois and national forests. Doctor Sharp is conservation chairman and past president of the Elgin chapter of the Illinois Division of the Izaak Walton League, and is currently raising funds for the enlargement of the Illinois Ike plantation in Shawnee National Forest. His friends are convinced that Doctor Sharp's membership in a dozen or more professional, sport, and business clubs has the primary purpose of gaining new converts for reforestation and antipollution. His dental practice and outside activities are so extensive that the Elgin dentist has difficulty finding time to visit his own fishing and hunting camp at Nestor Falls, Ontario.

Welch (West Virginia) Daily News: Doctor Edward E. Hale of Coalwood is the second West Virginian to be a member of the Explorers Club of New York City, and recently attended the Club's forty-seventh annual dinner at the Roosevelt Hotel in New York. Members of the Club, including Admiral Richard E. Byrd, Colonel Charles A.

Lindbergh, and Doctor Lowell Thomas, were treated to a rare gourmet tid-bit, an appetizer consisting of a morsel of meat estimated to have been kept anywhere from 25,000 to 250,000 years in a natural deep-freeze. The pre-historic meat came from the "Pit of Hades," a crater known as the world's largest candle, where it was cooked and then quickly frozen during the volcanic action. Another feature of the banquet was ice flown from the estimated 30,000-year-old Juneau Ice Cap to chill the cocktails. Doctor Hale, prominent in West Virginia dental activities, also is co-owner of a chinchilla farm in New Market, Virginia.

Columbia University Alumni News: The Cerebral Palsy Society of New York City, a voluntary association of parents whose children have the affliction, has initiated a pioneer program at the School of Dental and Oral Surgery of Columbia University. With a grant of $10,000 a year for the next 10 years and the promise of additional funds where needed, the program's objective is to provide dental care for cerebral palsied children, a service now virtually unavailable. The plan includes the establishment of a teaching clinic and of four special postgraduate fellowships in the School. Equipment and facilities for the clinic have been assembled and treatment will begin as soon as interested and experienced personnel can be secured.

Doctor Ewing C. McBeath, head of the School's Pedodontics Department, is chairman of its committee on cerebral palsy, which is supervising the program. Serving on the committee are three members of the faculty, Doctors Solomon N. Rosenstein, Barnett M. Levy, and James Jay.

New York (New York) Times: Doctor James P. Hollers, San Antonio dentist and member of the House of Delegates of the American Dental Association, is one of three civilian professional men recently appointed to the new armed forces Medical Policy Council. The seven-man council headed by Doctor Richard L. Meiling was established by Secretary of Defense George C. Marshall to combine the functions of the Office of Medical Services and the Armed Forces Medical Advisory Committee. The Council also includes the Surgeon General of the Army, Navy, and Air Force.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Fred F. Tomblin, 2523-55th Street, Huntington Park, California.
Lloyd C. Blackman, D.D.S., 702 Professional Building, Elgin, Illinois.
Milton D. Seife, D.D.S., 571 East 140th Street, Bronx 54, New York.
Jean Nester, Box 585, Coalwood, West Virginia.
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

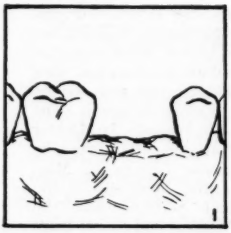
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

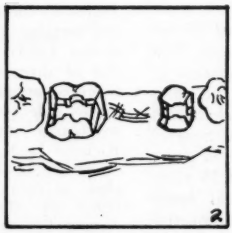
Drawings by Dorothy Sterling

Simplified Hygienic Bridge Construction

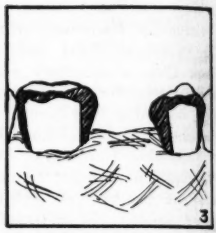
BY A. B. NAUHAUS, D.D.S.



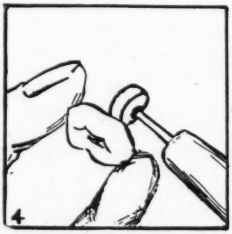
The case: Supplying a missing lower right first molar, with inlay abutments on second bicuspid and second molar.



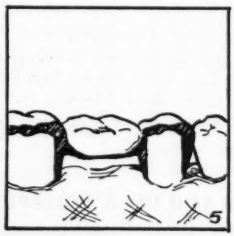
Prepare MOD cavities for inlays in second molar and in second bicuspid. Take tube impressions of each preparation and run dies.



Wax up inlays on dies and transfer to mouth. Overextend inlays on proximal.



Select an acrylic molar. Grind to shape desired for hygienic pontic.



In the mouth, wax up acrylic tooth to inlay abutments. Adjust bite.

Attach sprues on each side where pontic is attached to inlay and remove from mouth. Invest and use recommended timed-burn-out technique.

ASK
Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Trismus

Q.—Enclosed are roentgenograms of an arthritic woman of about 38. Her joints are crippled badly but she is such a cheerful fighter, I would like to alleviate an unusual condition, if possible.

Suddenly she was unable to open her mouth wide—could not yawn. Her lower left molars seemed to hit too hard. I made roentgenograms and found balanced occlusion; tested with ice and percussion. All the teeth are vital, and there was no untoward response. Her gingivae are healthy and her mouth is clean. It is easier for her to open her mouth now and the occlusion is improved; but still these two molars feel artificial.

We feel that the temporomandibular joint is to blame, but this peculiar numb feeling has me puzzled.—O.Z.B., Pennsylvania.

A.—It seems to me that you have handled a rather difficult case well. One of the common causes of temporomandibular joint trouble is malocclusion, and the trismus which you describe is doubtless due to inflammation of the perijoint tissues. Considering the mesial inclination of the left mandibular second and third molars and their being under heavy occlusal stress, it is not surprising that they feel unnatural. Often we find it necessary to adjust for an occlusal trauma more than once. I like to adjust a second time, if the need is indicated, after an interval of a week or two. I find that temporomandibular joint pain or trismus may be much relieved by the application of hot magnesium sulphate packs.

I can see no evidence of pathogenicity in or around the teeth in the roentgenograms enclosed with your letter.—GEORGE R. WARNER.

Acrylic Dentures

Q.—Have you heard of anyone being allergic to an acrylic denture? A patient, a woman of 55, after wearing her first (an upper) for about six weeks, complained of saliva collecting under the palate so that the denture felt loose. At her request, I relined the periphery and got a tight fit. Then, within a week she noticed that her mouth was losing its pink color and turning white. Upon examination, I had to admit it was so.

My first thought was that it might have been caused by the relining material, so I fitted her with an entire new denture. Now the same condition is making its appearance again. The mouth has a bleached effect and she says it "feels dry." Actually, there is no dryness; the denture has good suction and the patient would be satisfied with the

fit if she could wear it all the time. But after a day of wear she is so uncomfortable that she has to remove the denture at night. Any suggestions you might have for a remedy will be appreciated. M.O.S., Michigan.

A.—Yes, we have found that some people are definitely allergic to acrylic denture base material. We have had one case in which the patient's mouth became dry and uncomfortable after having had a one-tooth removable bridge on an acrylic base in his mouth not over two hours. Another patient had the blanching effect of which you speak, followed by deep ulcers.

We know of nothing else to do in these cases but to change to a vulcanite base, or to a metal base, attaching the teeth with vulcanite. —GEORGE R. WARNER.

Root Canal Stain

Q.—One year ago I used the ionization process to sterilize a root canal. Later I used a silver point to finish the root canal therapy.

I saw the patient a few months later and the tooth had a dense black stain under the enamel. I have tried to remove the stained dentine mechanically, but do not want to remove more. I have tried oxalic acid and pyrozone without results.

Is this stain due to hemolysis or possible reaction of an agent with the silver point? I should appreciate your suggestions for bleaching the tooth.—G.F.S., Ohio.

A.—It is probable that the discoloration of the root-filled tooth of which you speak is from the silver point. If it is, there is, so far as I know, no method of reducing or changing the discoloration. If the stain were from infiltration of blood elements into the dentinal tubuli, the pyrozone would have produced reasonably good bleaching results.

We have had at least two cases of discoloration similar to yours and, after unsuccessful attempts to bring the teeth back to a fairly normal hue, we have resorted to jacket crowns.—GEORGE R. WARNER.

Third Molar Extraction

Q.—Can you give me some directions for the use of electric cautery to trim the flap over a lower third molar? If the tissue is anesthetised, should it be done by block anesthesia? Must the area be free of acute inflammation? How deep can the incision be made? Is there much danger of bleeding?—C.A.S., Maryland.

A.—To trim the flap over a partly erupted mandibular third molar, you will need a mandibular block anesthesia. No surgery should be done when the tissues are acutely inflamed. If you use a diathermy knife to excise the tissue, the capillaries will be sealed by electrocoagulation,[1] and the bleeding will be controlled.—GEORGE R. WARNER.

Rampant Caries

Q.—Recently a patient came to my office with a history of rampant caries. He related the usual story of visiting the dentist every year and the discovery of between 15 and 25 new cavities each time.

(*Continued on page* 382)

[1]Thoma, K. H.: Oral Surgery, Vol. II, St. Louis. The C. V. Mosby Company, 1948, page 1175.

Triumph

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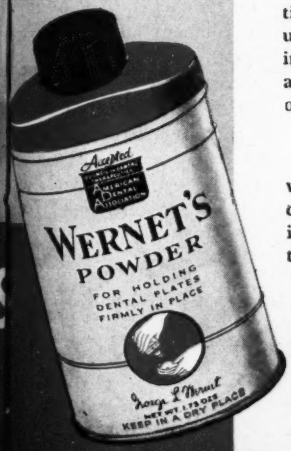

WERNET DENTAL LORE

MARCH 1951

A sampling of dental practice for a typical week in April 1950 revealed that 40% more women than men see their dentist, the difference running as high as 80% in the 20-24 age group. On the average, dentists see 48.7 patients per week, which means that about 3,700,000 persons in the U.S. receive some dental care each week.

• • •

The average age of the approximately 80,000 dentists practicing in the U.S. is around 48 years, as contrasted with the average of 30 for the population as a whole.

• • •

Queen Victoria's dentist, Edwin Truman, who introduced gutta percha as a base for artificial dentures, received an annuity of £1,000 for 50 years from a grateful cable company to which he had suggested that this material be used to encase the Atlantic cable.

• • •

Dental education continues to make great strides in the U.S., as reflected in the opening of three new dental schools since 1947: in the states of Washington, Alabama and North Carolina.

• • •

Before England established her first dental school in 1859, the U.S. already had four in operation. Other countries were even later, Canada setting up her first school of dentistry in 1875, Switzerland in 1881, Germany in 1884, Denmark in 1888, Austria and Italy in 1890, Russia in 1891 and France, leader of dental education in the 18th century, in 1892.

• • •

In 1557, Francisco Martinez published in Spain what is probably the first book in any language that confines itself wholly to the practice of dentistry. It is profusely illustrated and only five copies are known to exist.

• • •

Karaya gum, the chief ingredient of Wernet's Powder, was introduced into the U.S. in the latter part of the 19th century, but large-scale use did not begin until after the First World War. Today imports average 2,500 tons per year.

The patient is a man of 35; his general health is normal; and a recent physical checkup revealed no evident pathology. He has a full complement of teeth with the exception of all third molars, and the upper left first molar. He has Class I (Angle) malocclusion with a marked overjet of upper anteriors. The gingivae are red, edematous, and spongy, but do not bleed freely. All his restorations are amalgam (silicates in anterior) and of fine workmanship. (They were done by another dentist.) The restorations are polished with good margins into clean and immune areas. However, he does have recurrent caries with at least 20 new carious areas.

The patient is concerned, saying, "Why continue to fill teeth like that? Where is preventive dentistry?"

I plan to institute Doctor Gottlieb's impregnation on the surfaces of the teeth and restore the carious areas. Can you suggest anything else? In your opinion, what is the prognosis?—J.E.K., New York.

A.—The story of rampant caries as given in your letter is an all too familiar one and the attitude of the patient is quite common. It can be understood readily why the patient is discouraged and why he questions the wisdom of trying to preserve his teeth when the control of the caries seems impossible.

According to reports from a number of men in Texas, Nebraska, Wyoming, and Colorado, the Gottlieb impregnation treatment, if done thoroughly with the rubber dam in place, will reduce the incidence of caries markedly.

I believe in the effectiveness of a low carbohydrate diet in controlling caries. In the report from the Michigan Workshop, this is said about carbohydrate restriction: "Studies by a number of investigators indicate that the restriction of sugar, either refined or natural, is effective in the control of caries. Moreover, the restriction of sugar, either refined or natural, will improve the dietary, provided the caloric intake remains adequate."[2]

It is also my belief that thorough cleansing soon after meals is helpful in reducing caries, and it is possible that the ammoniated dentifrices may be of some help.—GEORGE R. WARNER.

Temporary Jacket Crown

Q.—What do you suggest as an inconspicuous temporary cementing medicine in the celluloid crown form, while making a jacket crown?—J.F.L., Ohio.

A.—We make a silicate cement jacket crown with cotton rope saturated with sedative cement laid around the tooth at the shoulder prepared for the jacket, to be worn while the permanent jacket crown is being made.

If we were to use a celluloid crown form to be worn while the jacket crown was being made we would set it with the sedative cement. This is a refined zinc oxide and eugenol cement.—GEORGE R WARNER.

---

[2]The Michigan Workshop on the Evaluation of Dental Caries Control Technics, JADA **36**:22 (January) 1948.


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Laffodontia

"Say, that's a bad gash you have on your forehead, how did you get it?"

"I bit myself."

"Come, come, now, how could you bite yourself on the forehead?"

"I stood on a chair."

★

Which reminds us of the two motorists who were reminiscing on their experiences. One of them asked the other:

"Have you ever been arrested for going too fast?"

"No," was the reply, "but I have been slapped."

★

Mary: "I was out with a drunken driver last night and he headed right for a telephone pole."

Sarah: "The dog!"

★

Five-year-old Sue was "helping" her daddy at his workbench in the basement. Finally he tired of her incessant chatter and questions, and he asked her to be quiet for a while.

"I don't have to be quiet," Sue stated importantly. "I'm a won.an."

★

Mess Sergeant: "You are not eating your fish. What's wrong with it?"

Private: "Long time no sea."

"And you fired that new stenographer, yet you say she was the speediest you ever saw!"

"Yeah, 300 words a minute—and all of 'em 'No'!"

★

Angry Father: "What do you mean by bringing my daughter home at four o'clock in the morning?"

He: "Well, you see sir, I have to be at work by seven."

★

"Dear Sir," writes a customer. "For nine years I was totally deaf, and after using your Ear Salve for only ten days I heard from my brother in Nebraska."

★

He: "If you'll give me your telephone number I'll call you up some time."

She: "It's in the book."

He: "Fine! What's your name?"

She: "That's in the book, too."

★

Fond Mama: "Just imagine, Bob, the baby's only 17 months old and he's been walking for nearly nine months."

Bachelor: "Really?" replied the bachelor wearily. "Don't you think it is about time he sat down?"

★

Patient: "Doctor, if there's anything wrong with me, don't frighten me half to death by giving it a long scientific name. Just tell me in plain English what it is."

Doctor: "Well, sir, to be frank, you're just plain lazy."

Patient: "Thank you. Now will you give me the scientific name for it so I can tell them at home?"

★

The little child was sitting demurely on the couch, watching her mother smoking a cigarette. Her little nose was wrinkled, and in her pale blue eyes there was an expression of childish disillusionment. Finally, unable to stand it any longer, she burst out in her quavering falsetto: "Mother, when are you going to learn to inhale?"

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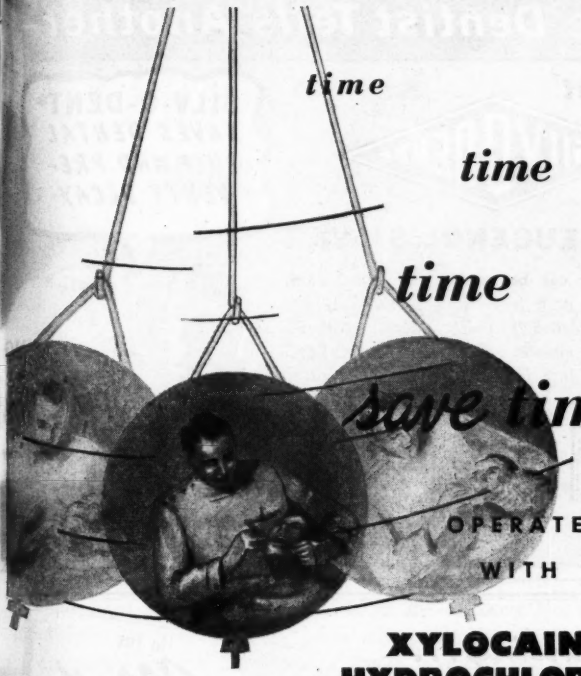

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ASTRA

(Brand of Lidocaine Hydrochloride)

Dispensed for dentistry in 1.8 cc cartridges. 2% solution available without epinephrine; and with epinephrine 1:100,000 or 1:50.000.

the new, quick-acting local anesthetic that cuts minutes from the time lag between injection and onset of anesthesia. Anesthetic effect is profound, widely diffused, and well within clinical ranges of tolerance.

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PHARMACEUTICAL PRODUCTS, INC.
WORCESTER, MASS. U. S. A.

SOLD THROUGH LEADING DENTAL SUPPLY HOUSES

Announcing

MIDWEST HANDPIECES

with Chrome hardened bearing surfaces will now be labeled under our new trade mark

Dura MD Chrome

Dura-Chrome is Midwest's answer to the challenge for handpieces that will withstand the higher speeds required for the efficient operation of diamond points and carbide burs.

This remarkable process of applying Chromium to bearing surfaces in handpieces was first used in 1946 in the Midwest No. 6 Cord Handpiece. Its ever growing popularity with the dentist led to its adaptation in the C.P. Contra Angle two and one-half years ago with even greater results.

We will in the near future use Dura-Chrome bearings in the Midwest Miniature and Prophylaxis Angles.

WATCH FOR THEM

Those who are using the No. 6 Cord Handpiece and the C.P. Contra Angle know that Dura-Chrome more than doubles handpiece life.

MIDWEST DENTAL MFG. COMPANY

CHICAGO 51, ILLINOIS

The MOST COMFORTABLE Professional Gown

Free-Action Back -No Pull -No Bind

STYLE 71X
U. S. Patent No. 157696

This collarless MANHATTAN READY-TO-WEAR gown combines real comfort with impressive appearance . . . and utility. The front neck line is designed so that this new style (illustrated) may be worn over your shirt collar and tie or without them. The free action back floats with your movements at the chair. Action back model also available with high collar. Limited to three materials. Write for illustrated catalog with samples OD-1.

For a wider range of styles and materials, and for individual tailoring ask for our TAILORED-TO-MEASURE catalog OD-2 with samples, price lists, and measurement blank.

STYLE 348

Beautiful styles in poplin or Nylon for Dental Assistants or Hygienists are illustrated in our Nurse's READY - TO - WEAR folder ON. Ask for it.

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Established 1895
309 South Wabash Avenue, Chicago 5

MAIL COUPON today for Manhattan catalogs, material samples and price lists.

Please send *Free* the illustrated, descriptive catalogs.

- ☐ Doctor's Ready-To-Wear (OD-1)
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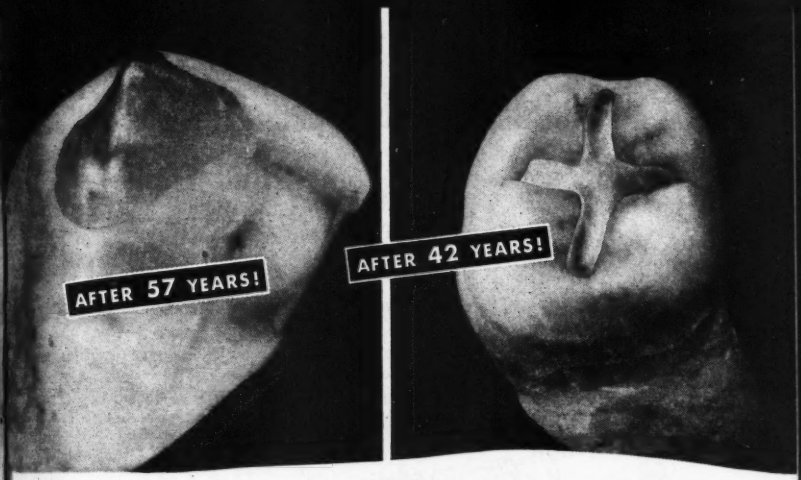
- ☐ Nurse's Ready-To-Wear (ON)

Dr.....

Address.....



forever faithful! FOREVER NEW!

—forever indestructible!

It is generally acknowledged that next to preventing decay, the highest service dentistry can render is to arrest its progress, and then repair its damage so as to preserve the tooth from further destruction at the surfaces operated on.

And so a restoration that does just that, ranks *second only to prevention itself*. And that is why Gold Foils, intact and sound for life, are such a perpetual source of pride and satisfaction. A Gold Foil saves a tooth not only for five or ten years, but even for 70 years—in as good condition as on the day it was inserted!

One secret of its superlative service is its *Absolute Indestructibility*. Gold Foil is impermeable to moisture and to microbes; is absolutely insoluble and non-oxidizable—and its restorations neither disintegrate nor discolor. A Gold Foil could resist the action of the fluids of the mouth even for a thousand years!

To receive further interesting information about this wonderful material, simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa.—Established 1820.

GOLD FOIL—the only restoration without a weakness!

in intraoral topical penicillin therapy... it's *follow through* that counts

When you prescribe Orygene Penicillin Chewing Troches you can expect more favorable results because of—

follow through in high penicillin levels

As soon as chewing begins Orygene provides high salivary penicillin levels. Then throughout the recommended chewing period the chewing gum base acts as a depot for prolonged release of penicillin into the saliva. Affected oral tissues are thus constantly bathed in high concentrations of penicillin thoroughly dispersed by mastication.

follow through in treatment

The dosage you recommend will be adhered to because the usual characteristic taste and odor of penicillin preparations are eliminated from Orygene. The pure chicle gum base and pleasant peppermint flavor of Orygene Penicillin Chewing Troches resemble familiar confections and are readily accepted by adults and children.

ORYGENE

penicillin chewing troches, Parke-Davis

10,000 units of crystalline potassium penicillin-G in a peppermint-flavored chewing gum base

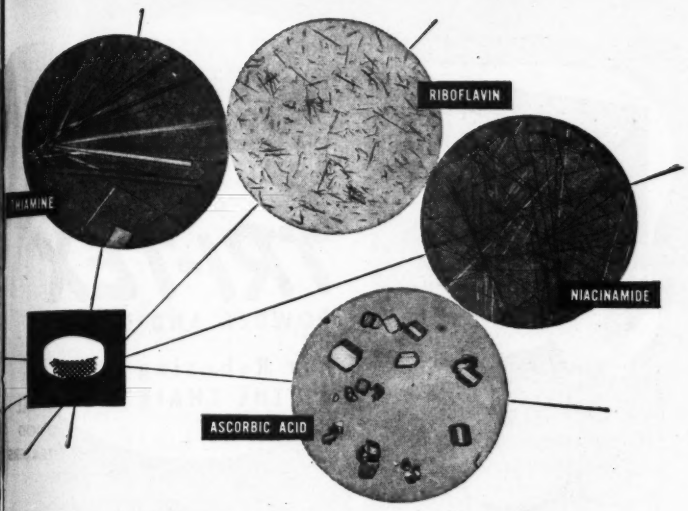
dosage and method of use: One Orygene troche should be chewed at a time, preferably for 30 minutes. In treating infections caused by Vincent's organisms, a daily total of 4 to 6 troches (one every 3 or 4 hours) will usually produce clinical results within 24 to 48 hours. Treatment should be continued for several days thereafter to prevent relapses.

packaging: Each Orygene troche is individually and hermetically sealed in metal foil—no refrigeration necessary. Available on prescription in packages of 1

MEDICAMENTA VERA · PD & CO.

PARKE, DAVIS & COMPANY

*TRADE MARK



Basic therapy for healthy oral mucosa

Four vitamins are essential for the integrity of buccal mucosa. Three of them—thiamine, riboflavin and niacinamide—are members of the B complex; these, together with Vitamin C, are referred to as the "critical water soluble vitamins".

When nutritional deficiencies are reflected in oral lesions Basic Formula Vitamin Tablets Squibb provide:

CORRECTION—of the deficiencies often associated with changes giving rise to gingivitis

PROTECTION—when given prophylactically, or as an adjuvant to chemotherapy or antibiotic therapy of oral infections

CLINICALLY PROVED, truly therapeutic dosages of:

Dosage: one or more Tablets daily	Thiamine Hydrochloride	10 mg.
	Riboflavin	5 mg.
	Niacinamide	150 mg.
Bottles of 30, 100, 250 and 1,000	Ascorbic Acid	150 mg.

BASIC FORMULA

VITAMIN TABLETS

SQUIBB

Attractively packaged, befitting a product that is compounded at the chair in view of the patient.

Developed from the formula of

D.D.S.

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TRI-TEX

POWDER AND LIQUID

For Rebasing AT THE CHAIR

TRI-TEX powder is a precured resin (methyl methacrylate). **TRI-TEX** liquid, the solvent for the powder, contains no chloroform, acetone or acrylic monomer.

TRI-TEX is easy to use. You simply mix to the consistency required, apply to the denture and "seat" the denture "at the chair" . . . quickly and effectively. This **TRI-TEX** addition to the denture sets in about fifteen minutes, the final result being a hard, non-porous, acrylic correction accurately adapted to mouth tissue. When proper technique is employed, the **TRI-TEX** addition becomes an integral part of the denture which is impossible to remove except by lathe grinding. **TRI-TEX** has enjoyed professional acceptance for over 5 years. Have you tried it yet?

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234 W. 56th ST., NEW YORK 19, N. Y.
COlumbus 5-4158

MFRS. OF CUSHION BASE • B-B DENTURE RESIN • MUCOSTAT

Here is a Proven Way You Can Recommend to Your Patients to Help Them Reduce Caries

TWO years' research—at five leading American universities—has established a fact that can help you in your recommendations to your patients. This fact, based on conclusive clinical and X-ray evidence, shows that brushing teeth right after eating helps stop tooth decay. This conclusive evidence was recently published in a leading dental journal.

This simple home method of oral hygiene, which has long been highly regarded by the dental profession, was definitely proved to stop more decay for more people than ever before reported in dentifrice history. Equally important, there were no new cavities whatever for more than one out of three who followed the method.

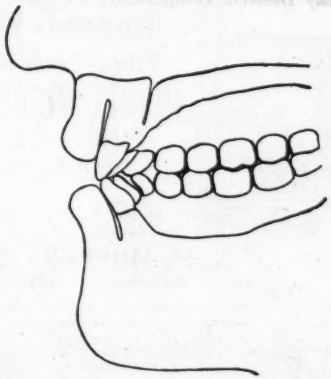
Research Used Colgate Dental Cream Exclusively

The only dentifrice used in these studies was Colgate Dental Cream. It may be pointed out that no other toothpaste, ammoniated or not, offers such conclusive proof. We believe you can recommend Colgate Dental Cream with confidence to all of your patients.

Colgate Dental Cream is a neutral dicalcium phosphate dentifrice—the result of our constant effort to produce the finest dentifrice industrial research and large manufacturing resources can create.

Colgate · Palmolive · Peet Company
105 Hudson Street **Jersey City 2, N. J.**

wide-range antibiotic
activity localized
for infections of
the oropharyngeal area



CRYSTALLINE

Terramycin

TROCHES

In the prophylaxis and treatment of infections commonly encountered in dental practice, a slow-dissolving troche providing a high concentration of an antibiotic in the saliva bathing the tissues is frequently used. The range of organisms that may invade the oropharyngeal area, however, often requires more than limited antibiotic activity for satisfactory therapeutic effect. Terramycin Troches offer broad-spectrum antimicrobial action in conveniently localized form.

Each Troche provides 15 mg. of Terramycin base in a pleasant-tasting, slow-dissolving, mint-flavored sugar troche.

Indications: Crystalline Terramycin Troches are often valuable in the treatment of Vincent's infection, particularly in conjunction with systemic therapy; as an adjunct to dental procedures in the treatment of such conditions as pericoronitis, and in the prophylaxis and treatment of many other superficial mouth infections.

Administration and Dosage: Daily dosage of 8 to 16 troches has usually been found adequate. A troche is placed in the lower gingivolabial groove and permitted to remain without sucking or chewing until completely dissolved.

Pfizer

Antibiotic Division
CHAS. PFIZER & CO., INC., *Brooklyn 6, N.Y.*

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The Money-Saving Special Offers listed below commemorate our 25 years of continuous service to the dental profession . . .

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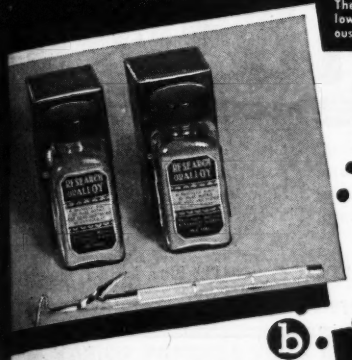

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2—5 oz. bottles ORALLOY	$23.50
1 *Research* AMALGAM CARRIER	4.25
	$27.75
less	3.25
SILVER ANNIVERSARY *Special*. .	$24.50

Dentist saves $3.25

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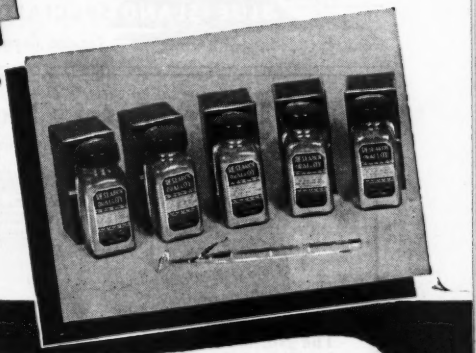
LVER ANNIVERSARY *Special*. .	$54.25

entist gets carrier *free*
lus saving of $4.50 in cash



Research **ORALLOY is the choice of thousands of dentists because of its high silver content, color stability and fine working qualities! Each batch of Research ORALLOY is tested to assure uniformity; it complies with A. D. A. Specification No. 1.**

The Research AMALGAM CARRIER is a clever time-and-effort saver, making it easy to deposit the amalgam in the cavity. Thousands of these practical instruments have been sold recently.

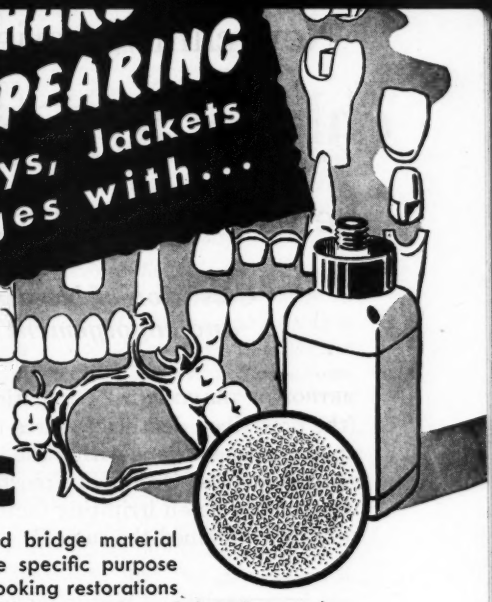
Take advantage of these special offers. Order Research ORALLOY and the Research AMALGAM CARRIER — through your dealer.

PRECIOUS METALS *Research* WORKS, INC.

230 WEST 41st ST., NEW YORK 18, N. Y.

SUPER-HARD ALIVE-APPEARING

Acrylic Inlays, Jackets and Bridges with...



HATCH FLUORESCENT PLASTIC

Here's one plastic crown and bridge material that was developed with the specific purpose of providing strong, natural looking restorations that you can depend on. And here are some of the reasons why:

- **PRISMATIC PARTICLE FORM.** Light is absorbed and reflected similar to natural teeth. Colors of adjacent teeth and surrounding tissues are adapted, thus blending into one harmonious effect.
- **VARIED PARTICLE SIZES** form so strong a bond and produce such homogeniety that restorations are stronger . . . easier to polish . . . have minimum dimensional change during processing.
- **NEW HUE SHADES.** Simplified shade selection is yours with HATCH for there is an already mixed powder for every New Hue shade.
- **BALANCED FLUORESCENCE** provides alive appearing restorations under any lighting conditions.

INTRODUCTORY KIT
14—1 oz. bot. powder
2—2 oz. bot. liquid
$27.50

HATCH PLASTIC STAIN AND BLENDER

A handy kit of concentrated pigmented stains for accurate powder blending or for characterizing acrylic restorations to simulate natural markings.

Kit of 10 Shades (⅛ oz. bot.) $12.50
⅛ oz. Individual Bottles . . ea. 1.50

DAUM'S OPAQUE

. . . helps provide greater shade fidelity as it positively opaques metal frames or cores under acrylic jackets, crowns or bridges. White, Light Yellow, Dark Yellow, Grey, Pink, Blue @ $3.00 per bottle.

All available through your Dealer

MANUFACTURED BY B. G. HATCH COMPANY • BROOKLYN 1, N. Y.

New clinical series shows how

chlorophyll tooth paste

helps you speed gingival healing

"Cessation of bleeding, tenderness and engorgement of tissues"

METHOD OF TREATMENT: "The patient was instructed to use (the prescribed dentifrice) three times daily; there was no chair treatment done within the test period (except in two cases from Test Group). In most gingivitis cases, calculus was present as an irritating factor. Thus, throughout the period it remained the same."

	TEST GROUP	CONTROL GROUP
	Dentifrice: Chloresium Tooth Paste	Non-chlorophyll commercial tooth paste
	Number of Patients: 20 (16 Gingivitis, 3 Pyorrhea, 1 Vincent's Stomatitis)	13 (all Gingivitis)
	Test Period: Average of one week.	Same.
RESULTS:	"In almost every instance there was a cessation of bleeding, tenderness and engorgement of tissues. Breaths were noticeably improved."	"Completely negative. There was no cessation of bleeding and tenderness, which symptoms were present in every case. A reduction in mouth odors was not clinically noticeable."

CONCLUSIONS: "In face of the negative results found in (the Control Group), it is believed that the use of a chlorophyll tooth paste served as a stimulus to gingival healing."

Chloresium tooth paste an aid, not a substitute, for chair treatment

"While chlorophyll appears to stimulate healing even in the presence of calculus, it should be pointed out that chlorophyll tooth paste's effect upon the condition can only be considered transitory unless the calculus is removed, for constant pressure of the tissues against the calculus will in time tend to break down any scar tissue that might have formed."

Now—an effective supplement to scaling and proper brushing

Scaling to remove calculus and proper tooth brushing technique are recognized as essential in the treatment of gingival disease. Now, a third beneficial factor is shown by this controlled clinical study which successfully isolates the effect of a water-soluble chlorophyll tooth paste, Chloresium.

In this study, conducted at a leading dental school, scaling, polishing and curettage were deliberately excluded in order to eliminate any possibility of the removal of calculus contributing to any favorable results which might follow the application of the test agents. The results prove conclusively that Chloresium Tooth Paste —by itself—is a stimulus to gingival healing.

Combats bad breath, acid production

Chloresium Tooth Paste is the only dentifrice containing the water-soluble derivatives of chlorophyll. In addition to its influence on gingival healing, it eliminates mouth odors far more effectively than any other dentifrice. And the chlorophyll it contains inhibits the production of acid by salivary bacteria.

It cleans and polishes the teeth safely and effectively, leaves the mouth feeling "refreshed" for hours. It is completely nontoxic, bland and soothing.

Chloresium tooth paste

ETHICALLY PROMOTED—AT ALL LEADING DRUGGISTS

Send for free samples

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7 N. MacQuesten Pkwy., Mt. Vernon, N. Y.
Please send me free samples of Chloresium Tooth Paste.

Dr._____

Street_____

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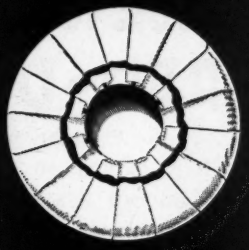

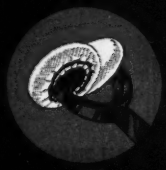

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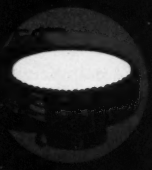
Sanitary Headrest Covers
to personalize your dental chair

Practical and individual, Johnson & Johnson Headrest Covers protect both patient and headrest pad. These moisture-resistant covers are disposable — they provide fresh protection for each patient. Order them in boxes of 500, or 100; your patients will appreciate your thoughtfulness.

efficacy and elegance in dental technique



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Dental Bracket Covers
to enhance your chair-side table

Johnson & Johnson Dental Bracket Covers lend an immaculate, efficient air to your bracket table. They speed table clearance and thereby reduce to a minimum time lost between patients. Their high quality, heavy paper silences clattering instruments. Available in two diameters: 13½" in boxes of 500's and 100's, and 13-1/16" in boxes of 100's only.

Dental Division

Johnson & Johnson

THOUSANDS OF DENTISTS WILL VOUCH FOR THIS STATEMENT . . .

STIM-U-DENTS

are one of the greatest aids in maintaining tooth and mouth health, and are invaluable in the treatment of pyorrhea and gingivitis.

Don't overlook STIM-U-DENTS . . . Ask for free samples for patient distribution and notice the results upon their very next visit.

Use After Eating for Mouth Health. **STIM-U-DENTS** Use After Smoking for Clean Breath.

STIM-U-DENTS, INC., 14035 Woodrow Wilson, Detroit 6, Mich.

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☐ **If you desire Professional Courtesy Package containing 100 Special Packets designed exclusively for dentists, enclose $1.00.** O.H. 3-51

Dentocillin five ammoniated dentifrices

Q. What studies revealed these startling results?

A. One was the Dentocillin study, fully reported in the May, 1950, issue of *The Journal of The American Dental Association.*
The other is the study of ammoniated dentifrices, reported at the annual meeting of the A. D. A. last October . . . and announced in the October, 1950, issue of *The Journal of The American Dental Association.*

Q. Can these studies be directly compared?

A. Yes. Both were so similar that, at last, a direct, reliable comparison of the effectiveness of Dentocillin and ammoniated dentifrices is possible.

Q. Over how long a period were the tests in effect?

A. Both were conducted for a period of two years.

Q. Who supervised the studies?

A. Both were organized and directed by prominent scientific investigators at leading dental schools.

Q. Were results of either test dependent on tooth-brushing after every meal?

A. No. Both were designed to determine the value of therapeutic agents—*not* the value of mechanical toothbrushing immediately after meals.

Q. Were similar subjects used in the tests?

A. Yes. Both were scientifically controlled studies among school children of similar ages. Both used for comparison (a) groups of children who brushed teeth with ammoniated or penicillin dentifrices; (b) control groups who used identical dentifrices without the ammonium ion or penicillin.

Q. What methods of tooth-brushing and of measuring reduction in tooth decay were used?

A. Both used the same methods: (a) examination and X-raying of teeth before and after the two-year test; (b) classroom tooth-brushing programs.

times as effective as in reducing tooth decay!

Q. And what, exactly, were the results of the tests in terms of reduction in tooth decay?

A. Results of the ammoniated dentifrice study showed a reduction of 11% in dental caries.* Results of the Dentocillin study showed a reduction of 55%—five times as great!

Don't these results make up your mind . . . to begin prescribing Dentocillin immediately? (Available only on prescription.)

** Comparison of ammoniated dentifrice and control dentifrice groups.*

IS DENTOCILLIN SAFE FOR DAILY USE?

Every factor relating to possible effects of daily use of Dentocillin has been thoroughly tested. No indication of the development of penicillin-resistant organisms was found.

Nor does any significant problem exist regarding sensitivity. In addition to school children tested, 4,480 subjects used Dentocillin continuously. Only six, or 13/100 of one per cent, showed a minor reaction. Additional tests among persons known to be sensitive to injections and topical applications of penicillin showed no allergic manifestations.

Dentocillin®

the new *penicillin* tooth powder

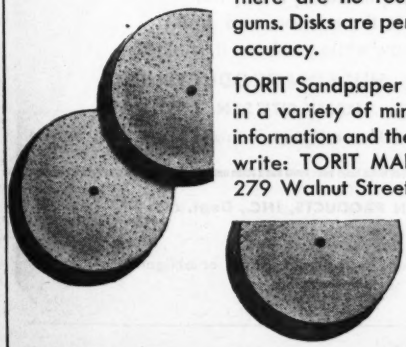
The Andrew Jergens Company, Drug Division, Cincinnati, Ohio
Dept. 15

TORIT

Sandpaper Disks

You can do better work, *faster,* with TORIT Sandpaper Discs

Every possible precaution is taken to insure the highest quality in TORIT Sandpaper Disks. The paper is thin, but well stiffened, and with the abrasive put on to stay. They are evenly cut. There are no rough edges to injure sensitive gums. Disks are perfectly centered for rotational accuracy.



TORIT Sandpaper Disks come in four sizes, and in a variety of minerals and grits. For detailed information and the latest TORIT Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minn.

Torit Dental Products

Your office Samples of POLIDENT

are awaiting your request, Doctor

More dentists are recommending Polident to their patients (according to independent surveys) than any other denture cleanser... and so many of them find samples of the product indispensable for patient instruction.

If your supply of samples is low, use the coupon now for a prompt shipment, all ready awaiting your call. These generous samples make it so easy to explain at the chair how Polident helps those precious new dentures to "keep fit" in all ways... how simply soaking for 15 minutes or overnight enables Polident to dissolve mucin, tarnish and food debris that rinse off under running water... how Polident avoids the harm of abrasive brushing... how it minimizes the danger of breakage through handling.

Is your pen handy? Why not fill in the coupon, and mail it now while you have it in mind?

HUDSON PRODUCTS, INC.
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(Approved for use by leading manufacturers of acrylic denture materials)

1. SOAK

Soak 15 minutes in solution (or overnight) (1 capful POLIDENT to glass water)

2. RINSE

Hold under running water to rinse... THAT'S ALL

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Please send me without charge or obligation a supply of Polident samples for office use.

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Ash BURS

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Ash Miniature Burs — Round (for use in Miniature Head handpieces) are now available in sizes 6 and 8.

ASH 'B.T.' (BRACKET TABLE) BUR ASSORTMENT

Assortment comprises: 7 doz. Ash Burs for Angle handpiece, 3 doz. Ash Burs for Straight handpiece, and 2 doz. Ash Miniature Burs (12 doz. Ash Burs in all). Stand is curved to fit the rim of the bracket table and economize space. Black or Cream.

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Fine grained for faithful reproduction of every detail of teeth and tissue. Rapid, accurate set; breaks with a clean fracture.

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Holds the case to unchanging dimension regardless of curing temperature. Laboratory-controlled manufacture assures consistent uniformity, positive reproduction for perfect fit and articulation.

ALSO: *Standard Set Plaster; Hard Plaster; Laboratory Plaster; Vulcanizing Stone; Flasking Compound.*

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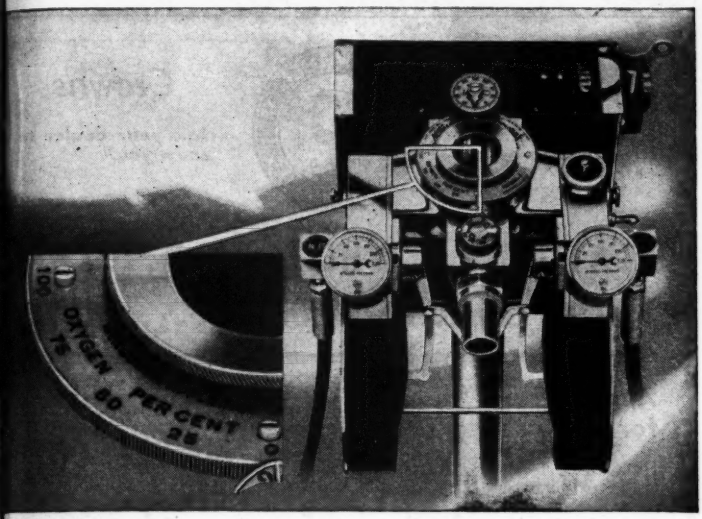

More *by Far* Than Ever Before!

Sure, McKesson Dental Nargraf Anesthesia and Analgesia Machines have always been the great favorite among Dentists.

But this year, we are selling more by far than ever before.

There are many reasons for this, of course. But this [illegible]re tells one of them.

See those number 0, 25, 50, 75 and 100? They show you precisely how much oxygen is being administered . . and conversely, how much of the component gas.

Only one mixing valve to regulate your mixture changes! . . . An exclusive McKesson feature!

For your McKesson Dental Nargraf Brochure, write us today . . . Or phone your dealer for complete details.

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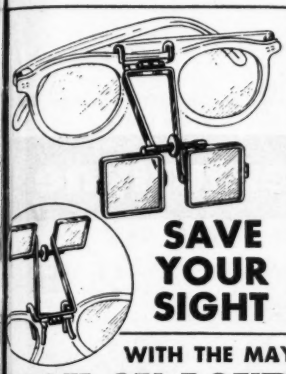

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OOK-ON LOUPE

- Maximum magnification for close work
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See your dental supplier or write

AY MANUFACTURING CORP.
2-38 62nd Street, Woodside, L. I.

—efficient

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CEANOTHYN

—extract of Ceanothus americanus, ntaining the alkaloids in uniform olution (alcohol 10%)—

To prevent excessive bleeding, many rodontists and dental surgeons rou-inely administer Ceanothyn an hour efore the patient enters the chair. aluable, too, in excessive bleeding ollowing dental procedures.

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Ceanothyn is available in convenient izes for office and on prescription.

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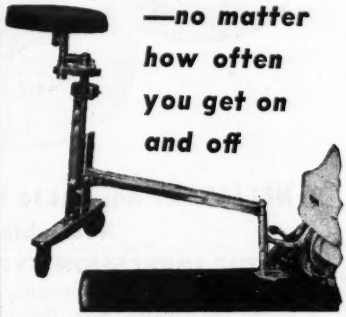


—no matter how often you get on and off

ROLAROUND DENTASEAT

(THE McCALDRY OPERATING STOOL)

2 Exclusive Features of Design

The Swinging-Arm Seat-Mount and the Tilt-Adjustable Seat-Post make possible this very desirable "hands-off" feature.

Ask us to prove it!

Ask your dealer's salesman to show you how and why you can enjoy the easy and fatigue-preventing "sit . . . stand . . . sit" change-of-position way.

$110.00 anywhere in U.S.A.

The Rolaround Dentaseat is a product of McCaldry, Inc., 5214 East 12th Street, Oakland 1, California.

A NECESSARY adjunct to immediate denture service...

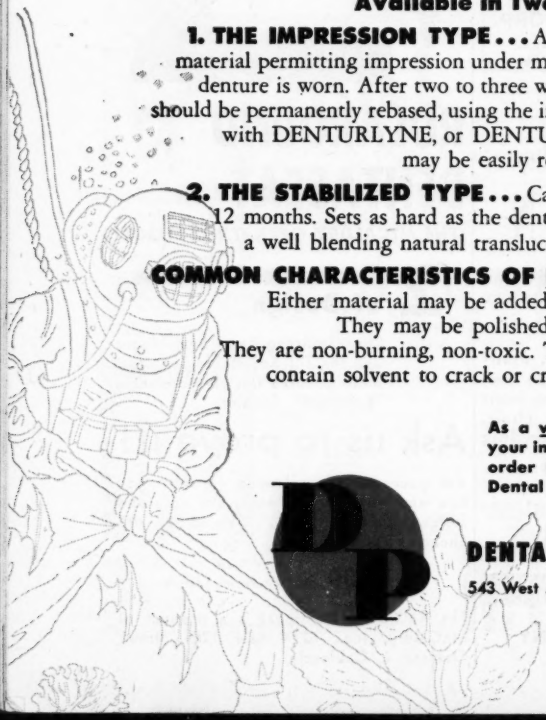
Available in Two Types:

1. THE IMPRESSION TYPE... A rebase impression material permitting impression under masticating stress while denture is worn. After two to three weeks, the denture should be permanently rebased, using the impression obtained with DENTURLYNE, or DENTURLYNE may be easily removed and replaced.

2. THE STABILIZED TYPE... Can be left six to 12 months. Sets as hard as the denture base, in a well blending natural translucent pink.

COMMON CHARACTERISTICS OF BOTH TYPES:

Either material may be added as required.
They may be polished.
They are non-burning, non-toxic. They DO NOT contain solvent to crack or craze the denture base.



As a very necessary adjunct to your immediate denture service, order DENTURLYNE from your Dental Dealer today.

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A name repeated with confidence wherever denture adhesives are recommended by dentists and used by patients . . . a symbol of highest quality product and strictly ethical service.

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eyer's Alloy is carefully
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½% silver.
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4 microns per Cm expansion in
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1 oz. @ $1.90 per oz. 20 oz. @ $1.50 per oz.
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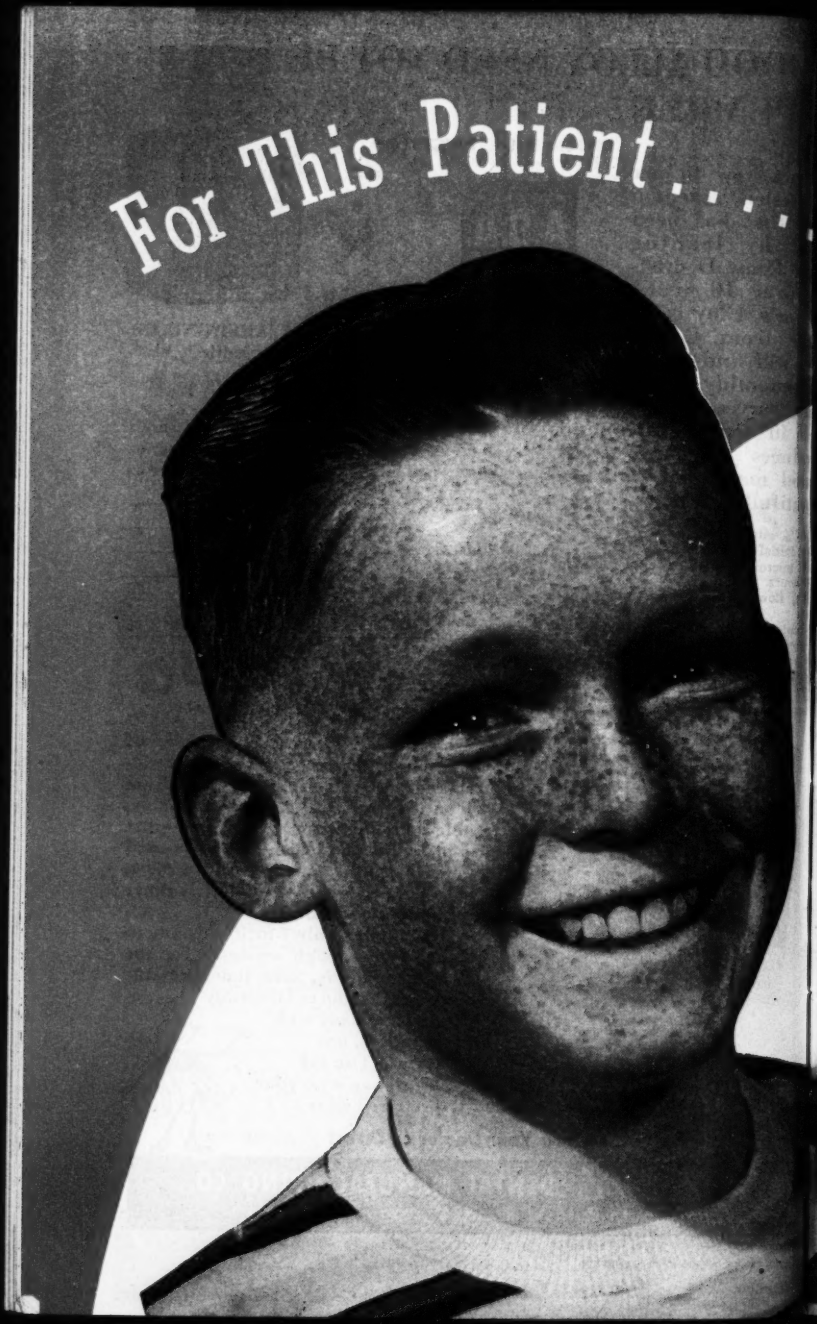
The NEW Crescent WIG-L-BUG (Patented)

Here is the NEW, streamlined Model of the famous Wig-l-bug, the wonder electric-mortar-and-pestle that is placing amalgam work on a scientific basis. The dependable, trouble-free Wig-l-bug mechanism—that has proved so successful—is now housed in beautiful bakelite. And a New, accurate, easy-to-read electric timer has been added.

Requires only 7 to 10 seconds to triturate enough amalgam for the average filling. Saves time, prevents waste, produces uniformly perfect mixes with a smooth, fine texture. Use the Wig-l-bug with your preferred alloy.

Thru Your Dealer or Direct

Crescent DENTAL MANUFACTURING CO.
1839 South Pulaski Road, Chicago 23, Illinois



FIRM BUT GENTLE!

Carefully controlled viscosity in Perma-Grip Adhesive Denture Powder permits exceptional holding power without danger of irritation.

ABILITY to hold dentures firmly in place is of first importance in evaluating an adhesive denture powder. But it is not the only consideration. Equally important is the assurance of freedom from irritation of the tissue surface.

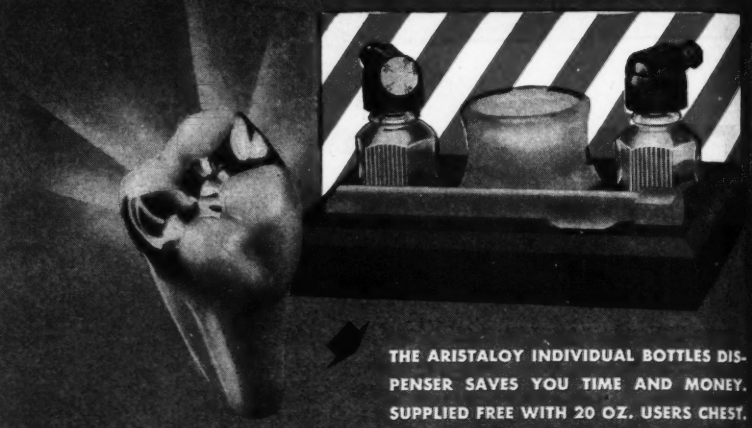
These qualities of *firmness* and *gentleness* are admirably combined in Perma-Grip, the improved adhesive denture powder made by the Pro-phy-lac-tic Brush Company.

Perma-Grip is made with high quality karaya gum, carefully processed into a bland, milky-white powder. This powder forms a smooth, comfortable cushion that resists "balling up" under the denture. The color and taste are pleasant. The pH is mildly alkaline.

To help your patients through the critical period of adjustment to a new denture, you can confidently recommend Perma-Grip.

BACKED BY MORE THAN 60 YEARS' EXPERIENCE IN THE FIELD OF DENTAL HYGIENE

Pro-phy-lac-tic Brush Co.,
Florence, Mass.



THE ARISTALOY INDIVIDUAL BOTTLES DISPENSER SAVES YOU TIME AND MONEY. SUPPLIED FREE WITH 20 OZ. USERS CHEST.

THERE IS NO ALLOY LIKE ARISTALOY

It is sound practice to use your skill only with the finest, proven materials. This is particularly true in the case of amalgam fillings.

Aristaloy is the finest and most *scientifically correct* alloy available—*and results prove this!* It costs no more to use Aristaloy! Aristaloy fillings do not "raise" from the cavity . . . the surfaces stay clean and bright . . . it is so much nicer to work with. There's no other alloy anything like Aristaloy!

Insist upon Aristaloy! It is immediately available from your local reliable dealer, or write us.

ARISTALOY IS PRIMARILY NOW SOLD UNDER ANY OTHER LABEL.

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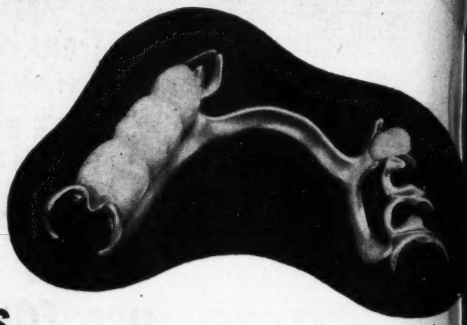
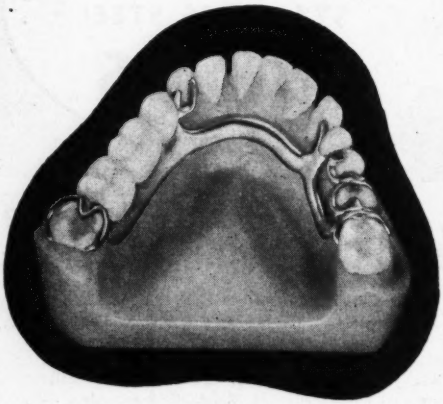
Comfort Is Sure when Restorations Are Made of PLATINUM-PALLADIUM-GOLDS





You're insuring patie comfort every time y make your foundation dental golds containi platinum and palladium.

For these precious me alloys have the streng hardness and resilien needed to preserve the p fect fit of your work.

Fitted with comforta restorations of platinu palladium-golds, your p tients will be proud of th dentures . . . and proud their dentists' skill.

"PLATINUM-PALLADIUM-GOLDS IN DENTIS contains many pages of helpful information. you sent for your free copy of this booklet?

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THE INTERNATIONAL NICKEL COMPANY, INC., 67 Wall St., New York 5,

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r a LET-DOWN
ehind your office door?

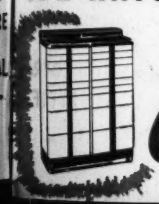
Vhat waits for you on the other side of e door, Doctor? A smart, colorful elcome to help start your day smoothly, eep it running right? Or will it be the ame tired colors and weary surround-igs that say there's a l-o-n-g, tough ay ahead?

Vell, if that's the case, it's time for you nd your *patients* to enjoy a brighter reeting. How? Simple enough—new raperies, perhaps a change of wall olors and a new American *Colortone* abinet to rejuvenate your operatory.

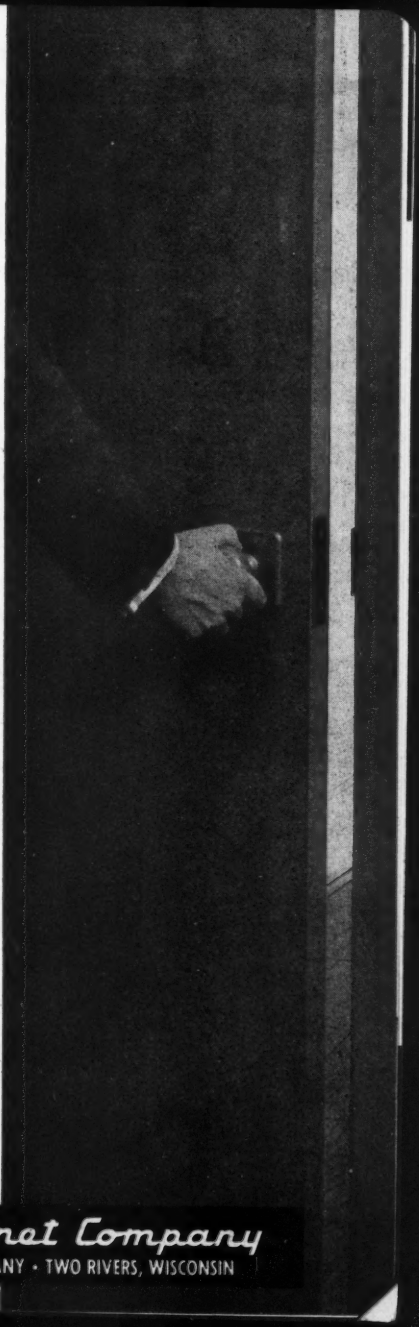
n American Cabinet in any of five andsome *Colortone* finishes will bring distinctive, refreshing note of color to our operatory—and the natural-wood eauty of *Colortone* is at home in any etting. Pleasant change? Yes, and ractical, too, for American Dental Cabi-ets are *work-designed* to make your very hour more productive.

Plan now to see the complete line of American *Colortone* cabinets at your Dealer's display room. But don't delay —to insure early delivery it's wise to act today.

FOR NATURAL BEAUTY



IT'S *Colortone*

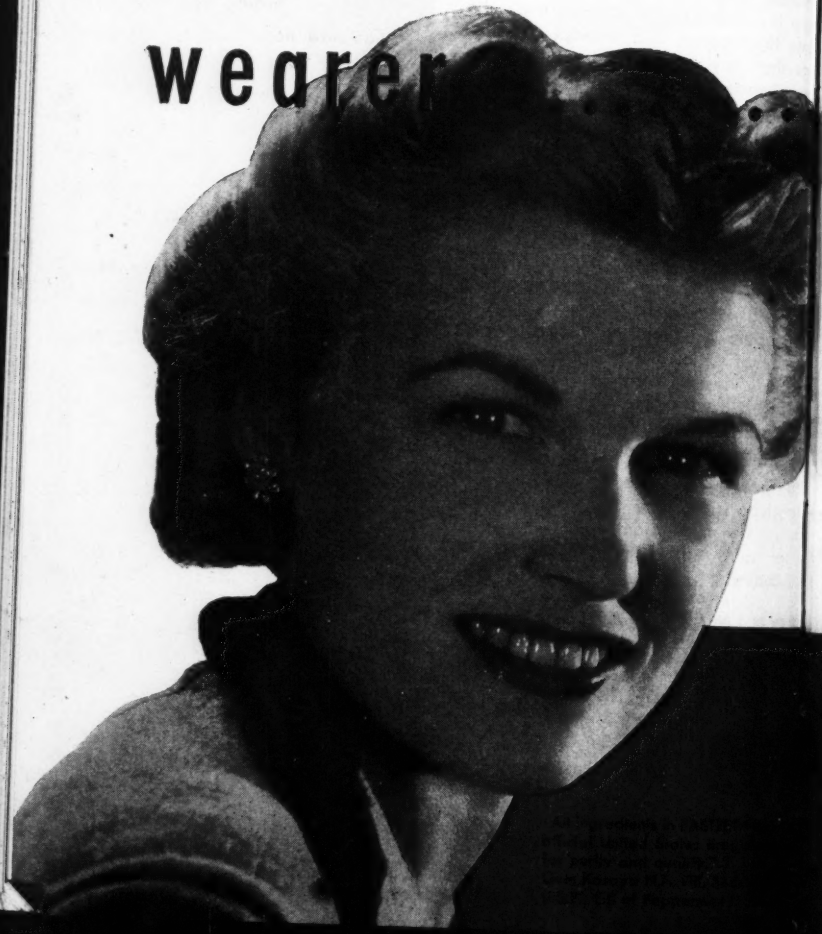


The American Cabinet Company

DIVISION OF HAMILTON MANUFACTURING COMPANY · TWO RIVERS, WISCONSIN

She's a

Typical denture wearer



Authoritative figures from a national survey make it possible to picture a typical denture wearer.

This hypothetical individual is a housewife, 53 years of age and in the middle income group. The evidence further shows that she has had her dentures approximately 2½ years and wears them all the time, day and night.

More important, however, is the fact that less than 5% of the denture wearers that make up this composite average make regular periodic visits to their dentist.

For over ten years the makers of FASTEETH have been constantly repeating in national advertising, the phrase "Mouth tissues change—See your dentist." This campaign is being strengthened and re-emphasized at the present time.

FASTEETH

Send for free samples

CLARK CLEVELAND, INC.
Binghamton, N. Y. OH-3

Gentlemen: Please Send Professional Samples of Fasteeth.

DR. _____

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10c per word, initials and figures used each counting as one word. Please send remittance with your order.

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Restricted to help positions wanted, practices wanted, practices for sale. minimum charge

FOR SALE: Due to death, two dental offices, laboratory equipment, instruments, x-ray. One office located Bellefontaine, Ohio; county seat, population over ten thousand; other office in new home, West Liberty, Ohio, eight miles from Bellefontaine, population fourteen hundred. Apartment available in same home as dental office. Office space available for rent. Virginia Ward, West Liberty, Ohio.

FOR SALE: Excellent established practice in Iowa, fully equipped office and laboratory, prosperous community, good building with eight M.D.'s. Most beautiful office in area, very low rent. Have other business interests. "482" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice in northern Illinois town; double equipped, S. S. W. equipment, good location in high class office building. Selling on account of ill health. "483" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Death makes available modern two-chair office, Ritter equipped, x-ray, laboratory, etc., in rich southern Minnesota farming area. Best location, moderate rent. Mrs. Edwin Olson, Kenyon, Minn.

FOR SALE: Profitable dental practice in Watertown, Wisconsin; suite of four modern rooms in centrally located bank building at reasonable rent. Modern equipment, motor chair, new unit, x-ray, air conditioner. Reasonably priced. Dr. Donald N. Moen, Jefferson, Wisc.

FOR SALE: Practice established fifteen years (two chairs, same owner). New equipment, new offices; Philadelphia suburb. "484" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Well-established dental practice in large Ohio city. Completely equipped. Ritter unit and Fisher x-ray. Leaving for school to specialize. Will sell to right person at reasonable price. Available immediately. "485" Oral Hygiene, Pittsburgh, Pa.

WANTED: Help of a general practitioner. Will provide equipment and all supplies. Percentage basis. Location small town in Illinois. "486" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: New Castle light, used chair and chair cuspidor, new tubing. Simplex gas and analgesia machine, four 440 gal. tanks, wall bracket engine, hand piece, all in serviceable condition. $300.00. Dr. T. H. Herrity, Weston Bldg., Clinton, Ia.

WANTED TO BUY: Old dental books, dental journals, old dental prints and advertisements. Anything in old dentistry. Leo L. Bruder, Room 430, Albee Theatre Bldg., Brooklyn, N.Y.

FOR SALE: Long established practice equipment in southern Missouri. Good portunity, low price. Near large lakes; fishing, boating, fine climate. Owner to retire. Write for particulars. "487" Hygiene, Pittsburgh, Pa.

FOR SALE: Established practice in north Ohio. Pleasant college town. Modern ment. "488" Oral Hygiene, Pittsburgh,

SELLING YOUR PRACTICE: Why also use the classified columns of The Den Students' Magazine? National circulat 10,200 monthly. This includes over 3,000 cent dental graduates (U.S.A. and Canad Many of these readers are looking for an portunity such as you have to offer. rates, $3.00 for 50 words or less. 10c word additional; check with order. W Dental Students' Magazine, 874 Green B Winnetka, Ill.

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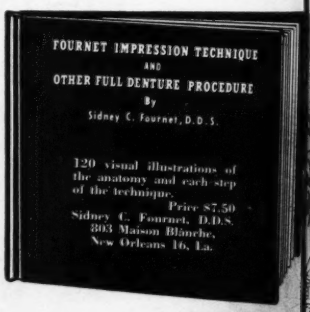
EXPERIENCED PRACTITIONER wis an association. Practice should be well-est lished to afford desirable income. Do not p fer to invest capital at this time. Have I nois license. If opportunity warrants wo consider elsewhere. "490" Oral Hygie Pittsburgh, Pa.

Capable, experienced dentist, 46 years of a alert, post-graduate education various pha general dentistry, married, reliable; w general practice or association with busy pr titioner who wishes to retire. All corresp ence will be strictly confidential. New Yo state only. "491" Oral Hygiene, Pittsbur Pa.



HERE'S A SURE GUIDE TO

ACCURATE DENTURE FITTING

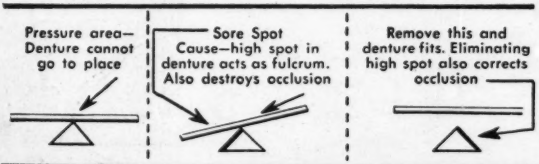
D-P INDICATOR GEL...
assures you the confidence in denture fitting that articulating paper provides for determining occlusion.

D-P INDICATOR GEL is a ready mixed material that acts as a *tissue carbon paper:*

1. For correcting pressure areas on new or old dentures.

2. For rebasing impressions for old dentures. 3. For correcting impressions. 4. For locating points of clasp pressure. 5. For correcting occlusion. 6. For determining where and how to trim the denture to increase suction and eliminate sore spots.

Sore spots frequently are best relieved by removing material at a point outside the sore area. For example:



Indicator Gel is easily removed from denture with water and D-P Laboratory Solvent

Order from your Dental Dealer NOW

DENTAL PERFECTION CO.

543 W. Arden Ave., Glendale 3, Calif.

better job...

likewise...a *HIGH-UREA* Ammoniated Dentifrice can Provide *BETTER CARIES CONTROL*

The importance of *high-urea* content in an ammoniated dentifrice cannot be overemphasized, if *maximum* effectiveness in caries control is to be achieved.

The reason is readily apparent. *Dilute intraoral solutions*—1% concentration or less—cannot (according to Stephan[4]) exert any appreciable inhibitory effect on acid production from carbohydrates. In 0.5% concentrations or less (according to other authorities[2]), the available urea is completely incapable of inhibiting lactobacilli growth.

Yet, with the *4% intraoral urea* concentration yielded by a *high-urea* dentifrice (Amm-i-dent formula), Henschel and Lieber[1] have demonstrated in controlled clinical tests* that caries incidence was reduced by from 37.5% to 41.9% (depending on method of calculation used). Reduction was shown in 82% of the patients tested.

This high efficacy of Amm-i-dent Powder and Amm-i-dent Paste is achieved with entire safety... clinical tests and gingival biopsies[3] have demonstrated dependable freedom from toxic or other adverse reactions. Complete stability is also assured ... ammonia-releasing properties are maintained indefinitely under normal conditions.

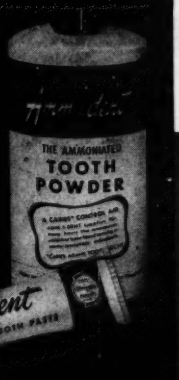
Amm-i-dent Paste or Powder—cleans and polishes thoroughly, and has an excellent flavor.

Professional preference is indicated by the fact that *more dentists recommend Amm-i-dent than any other dentifrice!*

REFERENCES: 1. Henschel, C. J. and Lieber, L.: J. Dent. Research, 28:248, 1949. 2. Kirchheimer, W. F. and Douglas, H. C.: J. Dent. Research, 29:320, 1950. 3. Lefkowitz, W. and Tanchester, D.: N. Y. Dent. J., 16:297, 1950. 4. Stephan, R. M.: J. Dent. Research, 22:63, 1943.

Amm-i-dent, Inc., Jersey City 2, N. J.
21-C

(*Amm-i-dent's record of caries reduction was made on regular twice-a-day brushing)



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for laboratory anim
irritate our Treasurer, but th
guarantee a safer anesth
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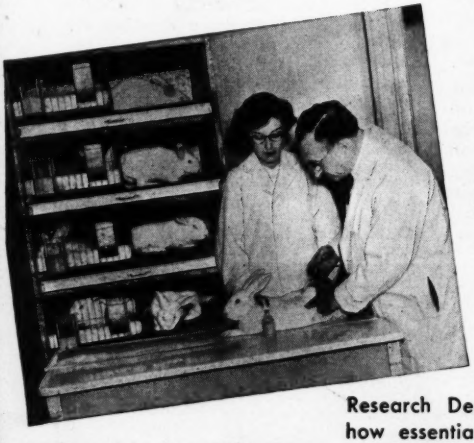

The tenth of each month, whe
bills become due and payable,
hard day for our treasurer.
depletes still further the num
count of his few remaining hai
the mice, rabbits and guinea
and the enormous food supplies
consume.

Bills for all these laboratory an
and their nourishment amou
many hundreds of dollars
month, but our treasurer is a
fellow, and unlike our Contro
Research Departments, he is not fully cons
how essential they are for determining the
ty of Monocaine and our other local anest
before they are permitted to leave our
oratories.

XUM

ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

Now...
better control
FOR ACUTE AND CHRONIC GUM DISEASES!

4 REASONS WHY

more Dentists have prescribed NEUTROX *than any other dentifrice!*

1 ***Actually kills bacilli and spirochetes associated with Vincent's Infections!*** Tests *in vitro* prove that Neutrox kills more than 8 million fusiform bacilli in less than 60 seconds* . . . kills more than 18 billion spirochetes in less than 30 seconds**. No other dentifrice offers this amazing proof!

*J. A. Ph. A. *36*:385, 1947
**J. A. Ph. A. *38*:258, 1949

2 ***Relieves gingival diseases . . . helps prevent recurring gum infections!*** Neutrox brings quicker, better results because it releases 3.7 times more active oxygen than sodium perborate U.S.P.—in a neutral solution ***safe*** for daily use.

3 ***Cleans teeth cleaner*** because it combines—for the first time—the purifying power of nascent oxygen with its own special polishing agents.

4 ***Advertised to the dental profession only!*** Over 2 million packages prescribed and recommended by dentists.

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XUM

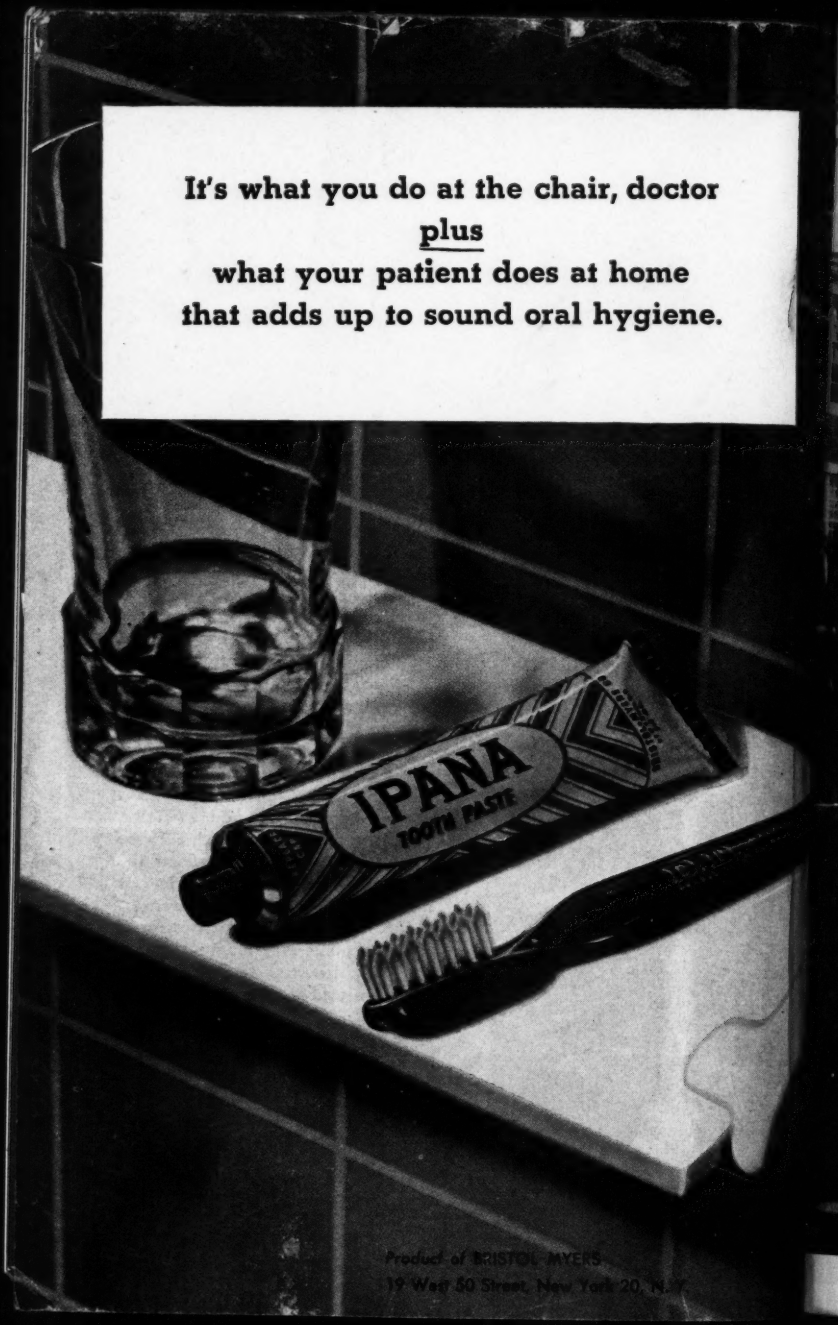

Good looking
DENTURES
are powerful
practice builders
A TRUBYTE NEW HUE DUPLICATE
of this patient's natural teeth:
Centrals 3R, Laterals 1R, Cuspids 1R
Lowers — Mould 3P
All in shade 60.
With Trubyte New Hue Teeth you can frequently provide patients with restorations that are actually more attractive than their natural teeth. Or, whenever you choose, you can duplicate the form, size, shade and arrangement of the natural teeth. Use your Trubyte New Hue Mould Guide and Trubyte New Hue Selector Assortment. They greatly simplify the accurate selection of teeth for the edentulous patient.
For the best results all the time specify
TRUBYTE NEW HUE®
Also in Trubyte New Hue forms and shades
TRUBYTE® ACRYLIC TEETH

SPYCO #3 IS **STRONG**

Partial dentures are more comfortable, more pleasing to your patient, longer lasting when you use Spyco #3, the platinized gold with the unusually successful combination of physical properties. More comfortable—*because* bars, sections and clasps can be cast thinner. This means lighter weight, less displacement of oral area. More pleasing—*because* the light thin clasps are retentive without placing undue strain on abutment teeth — and because the rich gold color reflects the tissue, provides inconspicuous beauty. Longer lasting—*because* this outstanding precious metal withstands maximum stresses... Many dentists use Spyco #3 for extra hard abutments and inlays.

But this is NOT all... Spyco #3 handles easily; its unusual fluidity in the molten state assures its flow into the farthest recesses of the mold before solidifying at any point. Only $2.15 per dwt. at your dealer.

Send us your scrap thru your dealer or direct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plus
what your patient does at home
that adds up to sound oral hygiene.
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